



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

December 20, 2005

Crescent Water Association
Attn Robert Beauvais
Po Box 26
Joyce WA 98343

Dear Mr. Beauvais:

Re: Water Right Application No. **S2-30299**

This letter is to acknowledge that the Department of Ecology received your water right application. We have assigned your application the number indicated above. Please include this number in future correspondence regarding your application.

When we begin actively evaluating applications in your area, we will prepare a public notice and send it to you with publication instructions. It will be sometime before we are able to begin working in your area.

The availability of water in Washington State is a serious problem. Much of the water in our state has already been appropriated. The competition for water has escalated with our state's increasing population, conflicting water policy issues, and grave declines in salmon and other fish populations. With the many demands on the state's water resources, a favorable permit decision is not always possible. You may want to consider purchasing all or part of an existing water right.

Please be sure to notify Ecology of changes such as address, property ownership, or variations in your proposed water use plans. If you would like further information on your application, please contact our office at (360) 407-6300.

Sincerely,

Teresa Hanson

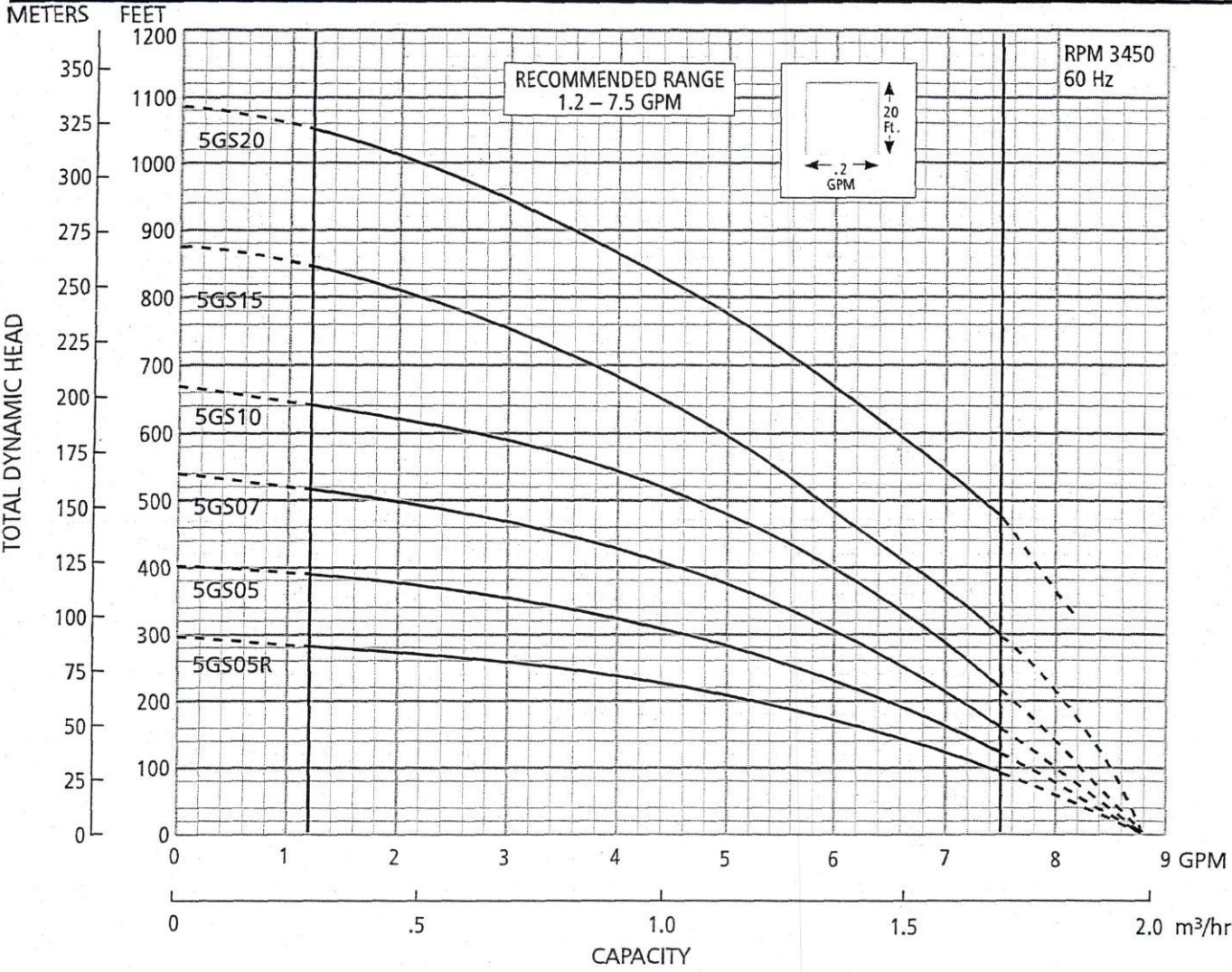
Teresa Hanson
Water Resources Program
Southwest Regional Office

TH:th
app-new.doc



Model 5GS

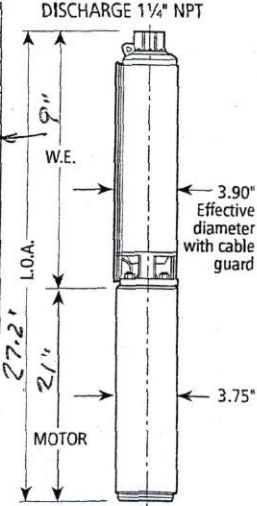
WELL PUMP CURVE



DIMENSIONS AND WEIGHTS

Order Number	HP	Phase	Stages	Length (inches)			Weight (lbs.)		
				W.E.②	Motor	L.O.A.③	W.E.	Motor	Total
5GS05412R,22,11,21①	1/2R①	1	9	12.4	9.5	21.9	7	19	26
5GS05412,22,11,21	1/2	1	12	14.5	9.5	24.0	8	19	27
5GS07412,22	3/4	1	15	16.5	10.7	27.2	9	21	30
5GS10412,22	1	1	20	20.0	11.8	31.8	11	24	35
5GS15412	1 1/2	1	26	25.3	13.6	38.9	14	28	42
5GS15422	1 1/2	1	26	25.3	15.1	40.4	14	31	45
5GS15432,34	1 1/2	3	26	25.3	11.8	37.1	14	24	38
5GS20④	2	1	33	30.1	15.1	45.2	17	33	50
5GS20④	2	3	33	30.1	13.6	43.7	17	28	45

① Reduced stage 1/2 HP pump/water end for low head applications. This model replaces the 1/2 HP water end.
② W.E. = water end or pump without motor.
③ L.O.A. = length of assembly - complete pump - water end and motor.
④ See Price Book for Complete Pump Order Numbers, 2 HP and larger units are not preassembled.



12/14

Didn't see pink slip
for this one - was at
lunch. Pink slip may
have ended up w. Dawn
or in your mail slot.
Maureen

Maureen -

Yelm Comm Schools
pd 50⁰⁰ / They
were a walk in /
Rec'd from Fiscal Book.
Pink Copy for Your Files
Dawn

PUMPING TEST DATA COLLECTION FORM

1/2
6" casing
start @ 12240 gal*

System ID:		Owner: YELM SCHOOL DISTRICT		Well Tag No.: AEA164		
DOH Source ID: 301		System Name: LACKAMAS WS		Well Name:		
Type of Test:		Conducted By: JSP Morrisette		Date: 7/21/04		
Static Water Level (as measured from reference point): 145'				County: Thurston		
Observation Wells? No				Well Elevation (MSL):		
Distance of observation well (r) from pumped well (ft):						
Time	Time (t) since pumping began (min)	Depth to Water Level (ft)	Drawdown (ft)	t/r ²	Pumping Rate (Q) [gpm]	Comments
9:39 AM	start	145				STATIC
	1	158	13		14	
	2	164.2	19.2			
	3	169.90	24.9			
	4	175.05	30.05			
	5	177.15	32.15			
	6	181.75	36.75			
	7	185.65	40.65			
	8	189.35	44.35			
	9	193.05	48.05			
	10	196.2	51.2			
	45	238.0	93.0			
10:29	50	238.0	93.0			
	55	238.0	93.0			
10:39	60	238.0	93.0			
	90	238.0	93.0			
	120	238.0	93.0		11.0	
	150	238.0	93.0		10.5	
12:25 PM	180	238.0	93.0		10.4	
12:40	195	238.0	93.0		10.2	
12:55	210	238.0	93.0		10.0	
1:10	225	238.0	93.0		10	
1:25	240	238.0	93.0		10	
1:40	255	238.0	93.0		10	
1:56	310	238.0	93.0		10	
2:13	325	238.0	93.0		10	
2:28	340	238.0	93.0		10	
2:58	370	238.0	93.0		9.5	
3:12	384	238.0	93.0		9.5	
3:27	399	238.0	93.0		9.5	
3:42	414	238.0	93.0		9.5	
4:00	432	238.0	93.0		9.5	
4:13	455	238.0	93.0		9.5	
4:30	470	238.0	93.0		9.5	

end @ 16510 gal

* YES SUPPLIED WATER METER

TEST READINGS BY
JAN SANDER

RECOVERY DATA COLLECTION FORM

System ID:		Owner: Yelm School District		Well Tag No.: AEA 164		
DOH Source ID: 801		System Name: LACKAMAS WS		Well Name:		
Type of Test:		Conducted By: S@ Morrisette		Date: 7/21/04		
Static Water Level (as measured from reference point): 145				County: Thurston		
Observation Wells? No				Well Elevation (MSL):		
Distance of observation well (r) from pumped well (ft):						
Time	Time (t) since pumping began (min)	Time (t') since pumping stopped (min)	t/t'	Depth to Water Level ^② (ft)	Residual Drawdown ^③ (ft)	Comments
4:38 PM	479	1		7.9	230.10	
	480	2		19.5	218.50	
	483	4		23.67	214.33	
	484	5		27	211.00	
	486	7		34.5	203.50	
	487	8		37.92	200.08	
	488	9		43.58	194.42	
	489	10		47.17	190.83	
	494	15		57.5	180.50	
	499	20		65	173.0	
	504	25		70.35	167.65	
	509	30		74.4	163.60	
	514	35		75.8	162.20	
	519	40		77.05	160.95	
	524	45		78.6	159.40	
	529	50		79.65	158.35	
	534	55		80.3	157.70	
	539	60		81.22	156.78	
6pm	569	90		83.9	154.10	
7pm	629	150		86.6	151.40	
8pm	689	210		88.2	149.80	
9pm	749	270		89.4	148.60	
						< 3.6' ABOVE STATIC 145' >
7-22-04 (4)						
3:30 PM -		2.9	from static 145'		< READING W/ PUMP ON >	
4:30 PM -		2.3	from static 145'		< PUMP OFF FOR 60 MIN >	

④ NOTE: SINCE THIS WELL CURRENTLY SERVES AN EXISTING SINGLE FAMILY RESIDENCE, THEREFORE THE PUMP TEST WAS SHUT DOWN AT 9 PM ON 7-21-04 AND WATER WAS USED UNTIL 3:30 PM. June 1999

② = LEVEL OF WATER ABOVE 93' TOTAL DRAWDOWN LEVEL
③ = LEVEL OF WATER BELOW THE TOP OF CASING

69543

File: Orig. & First Copy - Dept of Ecology
Second Copy - Owner; Third Copy - Driller

WATER WELL REPORT
State of Washington

Start Card No. W108359
Unique Well ID AEA164
Water Right Permit No.

(1) OWNER: Name DILLIARD JENSEN Address 19207 NEAT RD SE YELM WA 98597
(2) LOCATION OF WELL: County THURSTON
(2a) STREET ADDRESS OF WELL (or nearest address) 16240 SE BALD HILLS RD YELM WA

Page 1 of
SW 1/4 SW 1/4 Sec 24 T 16 N R 2 E

(3) PROPOSED USE: DOMESTIC
(4) Type of work: NEW WELL
Method: ROTARY

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 254 feet. Depth of completed well 254 ft.

Material	From	To
TOP SOIL AND GRAVEL	0	1
BROWN CLAY, GRAVELS, COBBLES	1	6
BROWN CLAY, GRAVELS	6	38
GREY SANDY CLAY, GRAVELS	38	91
GREY SILTY SANDY CLAY	91	109
GREY STICKY CLAY	109	250
GREY SILTY FINE SAND, WATER	250	254

(6) CONSTRUCTION DETAILS:
Casing instld: 6 " Diam. from 0 ft. to 250.5 ft.
Welded X " Diam. from ft. to ft.
Liner " Diam. from ft. to ft.
Threaded "

Perforations: Yes _ No X
Type of perforator used
Size of perforations in. by in.
perforations from ft. to in.
perforations from ft. to in.
perforations from ft. to in.

Screens: Yes X No _
Manufacturer's Name JOHNSON
Type STAINLESS Model No
Diam 6 Slot size 8 from 254.4 ft. to 250.5 ft.
Diam Slot size from ft to ft.

Gravel packed: Yes _ No X Size of gravel
Gravel placed from ft. to ft.

Surface seal: Yes X No _ To what depth? 23 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? Yes _ No X
Type of water? Depth of strata
Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type H.P. 0

(8) WATER LEVELS: Surface elev above mean sea level ft.
Static level 133.1 ft. below top of well Date 08/14/98
Artesian pressure lbs. per sq. in. Date
Artesian pressure is controlled by

(9) WELL TESTS: Pump test made? _ By whom?
Yield 0 gal./min. with ft. drawdown after hrs
Yield 0 gal./min. with ft. drawdown after hrs
Yield 0 gal./min. with ft. drawdown after hrs
Recovery data:
Time Wtr. Lvl. Time Wtr. Lvl. Time Wtr. Lvl.

Date of test
Bailer test 0 gal/min with ft. drawdown after hr
Airtest 8 gal/min with stem set at 248 ft. for 2 hrs
Artesian flow 0 gal/min Date
Temperature of water Was chemical analysis made? NO

Work Started 08/10/98 Completed 08/14/98

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction this well, and its compliance with all Washington well construction standards. Materials used and the information report above are true to my best knowledge and belief.

Name RICHARDSON WELL DRILLING
Address P.O. Box 4427 Tacoma WA 98444

(Signed) *Richardson* Lic. No 2017
(Well Driller)

Contractor's Registration No. RICHAW*3210B Date 09/03/
Based on form ECL 050-1-20 (2/93)**f-1329- by Speed Systems Co

LEGAL DESCRIPTION / PLACE OF USE

THAT PART OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 25 AND THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 24, TOWNSHIP 16 NORTH, RANGE 2 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF THE NORTHEAST QUARTER OF SAID SECTION 25; THENCE SOUTH $1^{\circ}20'34''$ WEST ALONG THE EAST LINE OF SAID NORTHEAST QUARTER, A DISTANCE OF 322.74 FEET TO THE NORTHERLY RIGHT OF WAY OF PEISSNER ROAD SE; SAID RIGHT OF WAY BEING A STRIP OF LAND, 30 FEET IN WIDTH, LYING NORTHERLY OF THE PEISSNER ROAD CENTERLINE, AS DESCRIBED IN THURSTON COUNTY QUIT CLAIM DEED RECORDED JULY 12, 1989, IN VOLUME 1660 OF DEEDS, ON PAGE 15, UNDER AUDITOR'S FILE NO. 8907120101; THENCE ALONG SAID NORTHERLY RIGHT OF WAY THE FOLLOWING COURSES: SOUTH $74^{\circ}56'34''$ WEST, A DISTANCE OF 17.05 FEET TO THE BEGINNING OF A CURVE TANGENT TO SAID LINE; THENCE WESTERLY AND NORTHWESTERLY A DISTANCE OF 280.23 FEET ALONG THE CURVE CONCAVE TO THE NORTH, HAVING A RADIUS OF 375.00 FEET AND A CENTRAL ANGLE OF $42^{\circ}49'00''$; THENCE NORTH $62^{\circ}14'26''$ WEST TANGENT TO SAID CURVE, A DISTANCE OF 110.42 FEET TO THE NORTHERLY RIGHT OF WAY OF BALD HILL ROAD SE, AS SHOWN ON SURVEY FOR YELM SCHOOL DISTRICT NO. 2, RECORDED JULY 23, 2003, UNDER AUDITOR'S FILE NO. 3554747; THENCE DEPARTING FROM THE NORTHERLY RIGHT OF WAY OF SAID PEISSNER ROAD SE, NORTH $22^{\circ}46'06''$ WEST, ALONG THE NORTHERLY RIGHT OF WAY OF SAID BALD HILL ROAD SE, A DISTANCE OF 106.09 FEET TO THE SOUTHERLY BOUNDARY OF PARCEL A OF BOUNDARY LINE ADJUSTMENT NO. 0081, RECORDED APRIL 27, 1983 IN VOLUME 1 OF BOUNDARY LINE ADJUSTMENTS, ON PAGES 601-604, UNDER AUDITOR'S FILE NO. 8304270024; THENCE ALONG THE BOUNDARY OF SAID PARCEL A THE FOLLOWING COURSES: NORTH $73^{\circ}39'10''$ EAST, A DISTANCE OF 84.76 FEET; THENCE NORTH $64^{\circ}27'40''$ EAST, A DISTANCE OF 111.80 FEET; THENCE NORTH $01^{\circ}01'34''$ EAST, A DISTANCE OF 80.00 FEET TO THE SOUTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 24; THENCE NORTH $88^{\circ}58'26''$ WEST ALONG SAID SOUTH LINE, A DISTANCE OF 250.00 FEET TO THE NORTHERLY RIGHT OF WAY OF SAID BALD HILL ROAD SE, AT THE BEGINNING OF A CURVE CONCAVE TO THE SOUTHWEST HAVING A RADIUS OF 580.00 FEET AND A CENTRAL ANGLE OF $32^{\circ}10'38''$ AND BEING SUBTENDED BY A CHORD WHICH BEARS NORTH $41^{\circ}23'57''$ WEST 321.46 FEET; THENCE DEPARTING FROM THE BOUNDARY OF SAID PARCEL A, ALONG THE NORTHERLY RIGHT OF WAY OF SAID BALD HILL ROAD SE THE FOLLOWING COURSES: NORTHWESTERLY ALONG SAID CURVE, A DISTANCE OF 325.73 FEET; THENCE NORTH $57^{\circ}29'16''$ WEST TANGENT TO SAID CURVE, A DISTANCE OF 108.57 FEET; THENCE DEPARTING FROM THE NORTHERLY RIGHT OF WAY OF SAID BALD HILL ROAD SE NORTH $58^{\circ}56'01''$ EAST, A DISTANCE OF 67.76 FEET TO A LINE PARALLEL WITH AND 330.00 FEET PERPENDICULAR FROM THE SOUTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 24; THENCE SOUTH $88^{\circ}58'26''$ EAST ALONG SAID PARALLEL LINE, A DISTANCE OF 753.00 FEET TO THE EAST LINE OF SAID SOUTHEAST QUARTER; THENCE SOUTH $00^{\circ}58'18''$ WEST ALONG SAID EAST LINE, A DISTANCE OF 330.00 FEET TO THE POINT OF BEGINNING.
CONTAINING 7.37 ACRES, MORE OR LESS.

SITUATE IN THE COUNTY OF THURSTON, STATE OF WASHINGTON.

SUBJECT TO EASEMENTS, RESTRICTIONS AND RESERVATIONS OF RECORD.

03158/CORRESPONDANCE/03158 LEGAL place of use.DOC

EXHIBIT A
SECTION 24, TOWNSHIP 16 N, RANGE 2E

DISTANCE TO NEAREST SURFACE
WATER (LACKAMAS CREEK) IS
APPROXIMATELY .5 MILES.

24 19

AEA164
So 1

499'

PLACE OF USE

BALD HILL RD SE

100'
PROTECTIVE
RADI

24
25

24 19
25 30

160'

PEISSNER RD SE

1"=200'

SITE ADDRESS 16240 BALD HILL RD SE
PARCEL NO 22624440000

\\wmseng-de\pub\2003\Projects\03158\ASBULLI\03158-plan\ASBULLI.dwg, 9/22/2005 11:02

**Ground Water Contamination
Susceptibility Assessment Survey Form**
Version 2.2

IMPORTANT! Please complete one form for each ground water source
(well, wellfield, spring) used in your water system.
Photocopy as necessary.

PART I: System Information

Well owner/manager : Yelm Community Schools

Water system name : Lackamas Elementary Water System

County: Thurston

Water system number: _____ Source number: 501

Well depth: 250 (ft.) (From WFI form)

Source name: Well #1

WA well identification tag number: A E A - 1 6 4

_____ well not tagged

Number of connections: 6

Population served: 254

Township: 16 N

Range: 2 E

Section: 24

1/4 1/4 Section: SW, SW

Latitude/longitude (if available): N 46° 30.997' / W 122° 29.250'

How was lat./long. determined?

_____ global positioning device _____ survey _____ topographic map

☒ other: U.S.G.S. Maps

* Please refer to Assistance Packet for details and explanations of all questions in Parts II through V.

PART II: Well Construction and Source Information

1) Date well originally constructed: 8 / 14 / 98 month/day/year

last reconstruction: / / month/day/year

_____ information unavailable

2) Well driller: Richardson Well Drilling

P.O. Box 44427

Tacoma, WA 98444

☐ well driller unknown

3) Type of well:

☒ Drilled: ☒ rotary ☐ bored ☐ cable (percussion) ☐ Dug

☐ Other: ☐ spring(s) ☐ lateral collector (Ranney)

☐ driven ☐ jetted ☐ other:

Additional comments: _____

4) Well report available? ☒ YES (attach copy to form) ☐ NO

If no well log is available, please attach any other records documenting well construction; e.g. boring logs, "as built" sheets, engineering reports, well reconstruction logs.

5) Average pumping rate: 9.5 (gallons/min)

Source of information: Pump Test

If not documented, how was pumping rate determined? _____

☐ Pumping rate unknown

6) Is this source treated? No

If so, what type of treatment:

☐ disinfection ☐ filtration ☐ carbon filter ☐ air stripper ☐ other

Purpose of treatment (describe materials to be removed or controlled by treatment):

7) If source is chlorinated, is a chlorine residual maintained: ☐ YES ☐ NO

Residual level: _____ (At the point closest to the source.)

PART III: Hydrogeologic Information

1) Depth to top of open interval: [check one]

☐ < 20 ft ☐ 20-50 ft ☐ 50-100 ft ☐ 100-200 ft ☒ > 200 ft

☐ information unavailable ('<' means less than; '>' means greater than)

2) Depth to ground water (static water level):

☐ < 20 ft ☐ 20-50 ft ☐ 50-100 ft ☒ > 100 ft

☐ flowing well/spring (artesian)

How was water level determined?

☐ well log ☒ other: Pump Test and Well Log

☐ depth to ground water unknown

3) If source is a flowing well or spring, what is the confining pressure:

psi (pounds per square inch)

or

feet above wellhead

4) If source is a flowing well or spring, is there a surface impoundment, reservoir, or catchment associated with this source: ☐ YES ☐ NO

5) Wellhead elevation (height above mean sea level): 509 (ft)

How was elevation determined? ☐ topographic map ☐ Drilling/Well Log ☐ altimeter

☒ other: Topographic Survey (on datum)

☐ information unavailable

6) Confining layers: (This can be completed only for those sources with a drilling log, well log or geologic report describing subsurface conditions. Please refer to assistance package for example.)

☒ evidence of a confining layer in well log

☐ no evidence of a confining layer in well log

If there is evidence of a confining layer, is the depth to ground water more than 20 feet above the **bottom** of the **lowest confining layer**? ☒ YES ☐ NO

☐ information unavailable

7) Sanitary setback:

___ < 100 ft* ☒ 100-120 ft ___ 120-200 ft ___ > 200 ft
* if less than 100 ft describe the site conditions:

8) Wellhead construction:

- ☒ wellhead enclosed in a wellhouse
___ controlled access (describe): _____

___ other uses for wellhouse (describe): _____

___ no wellhead control

9) Surface seal:

- ___ 18 ft
___ < 18 ft (no Department of Ecology approval) (*'<' means less than*)
___ < 18 ft (Approved by Ecology, include documentation) (*'<' means less than*)
☒ > 18 ft (*'>' means greater than*)
___ depth of seal unknown
___ no surface seal

10) Annual rainfall (inches per year):

___ < 10 in/yr ___ 10-25 in/yr ☒ > 25 in/yr

PART IV: Mapping Your Ground Water Resource

1) Annual volume of water pumped: 664,000 (gallons)

How was this determined?

meter

___ estimated: ___ pumping rate (_____)

___ pump capacity (_____)

~~X~~ other:
$$\frac{\text{Estimated} \rightarrow (400 \times 365) + (2500 \times 180) + (3400 \times 20)}{\text{gal/day} \quad \text{days} \quad \text{gal/yr} \quad \text{hrs}}$$

2) "Calculated Fixed Radius" estimate of ground water movement:
(see Instruction Packet)

6 month ground water travel time : 113 (ft)

1 year ground water travel time : 160 (ft)

5 year ground water travel time: 358 (ft)

10 year ground water travel time: 507 (ft)

Information available on length of screened/open interval?

~~X~~ YES _ NO

Length of screened/open interval: 5 (ft)

3) Is there a river, lake, pond, stream, or other obvious surface water body within the 6 month time of travel boundary? ☐ YES ☒ NO (mark and identify on map).

4) Is there a stormwater and/or wastewater facility, treatment lagoon, or holding pond located within the 6 month time of travel boundary? YES X NO (mark and identify on map).

Comments: _____

PART V: Assessment of Water Quality

1) Regional sources of risk to ground water:

Please indicate if any of the following are present within a circular area around your water source having a radius up to and including the five year ground water travel time:

	6 month	1 year	5 year	unknown
likely pesticide application	_____	_____	_____	_____
stormwater injection wells	_____	_____	_____	_____
other injection wells	_____	_____	_____	_____
abandoned ground water well	_____	_____	_____	_____
landfills, dumps, disposal areas	_____	_____	_____	_____
known hazardous materials clean-up site.....	_____	_____	_____	_____
water system(s) with known quality problems.....	_____	_____	_____	_____
population density > 1 house/acre	_____	_____	_____	_____
residences commonly have septic tanks	_____	X	X	_____
Wastewater treatment lagoons	_____	_____	_____	_____
sites used for land application of waste	_____	_____	_____	_____

Mark and identify on map any of the risks listed above which are located within the 6 month time of travel boundary? *(Please include a map of the wellhead and time of travel areas with this form. Please locate and mark any of the following.)*

If other recorded or potential sources of ground water contamination exist within the ten year time of travel circular zone around your water supply, please describe:

2) Source specific water quality records:

Please indicate the occurrence of any test results since 1986 that meet the following conditions: (Unless listed on assessment, MCLs are listed in assistance package.)

A. Nitrate: (Nitrate MCL = 10 mg/l)

YES

Results greater than MCL

< 2 mg/liter nitrate

2-5 mg/liter nitrate

> 5 mg/liter nitrate

Nitrate sampling records unavailable

B. VOCs: (VOC detection level 0.5 ug/l or 0.0005 mg/l.)

YES

Results greater than MCL or SAL

VOCs detected at least once

VOCs never detected

VOC sampling records unavailable

C. EDB/DBCP:

YES

(EDB MCL = 0.05 ug/l or 0.00005 mg/l. DBCP MCL = 0.2 ug/l or 0.0002 mg/l.)

EDB/DBCP detected below MCL at least once

EDB/DBCP detected above MCL at least once

EDB/DBCP never detected

EDB/DBCP tests required but not yet completed

EDB/DBCP tests not required

D. Other SOC (Pesticides):

YES

Other SOC detected

(pesticides and other synthetic organic chemicals)

Other SOC tests performed but none detected

(list test methods in comments)

Other SOC tests not performed

If any SOC in addition to EDB/DBCP were detected, please identify and date. If other SOC tests were performed, but no SOC detected, list test methods here:

E. Bacterial contamination:

YES

Any bacterial detection(s) in the past 3 years in samples taken from the source (not distribution sampling records).

Has source (in past 3 years) had a bacteriological contamination problem found in distribution samples that was attributed to the source.

Source sampling records for bacteria unavailable

Part VI: Geographic or Hydrologic Factors Contributing to a Non-Circular Zone of Contribution

The following questions will help identify those ground water systems which may not be accurately represented by the calculated fixed radius (CFR) method described in Part IV. For these sources, the CFR areas should be used as a preliminary delineation of the critical time of travel zones for that source. As a system develops its Wellhead Protection Plan for these sources, a more detailed delineation method should be considered.

1) Is there evidence of obvious hydrologic boundaries within the 10 year time of travel zone of the CFR?
(Does the largest circle extend over a stream, river, lake, up a steep hillside, and/or over a mountain or ridge?)

☐ YES ☒ NO

Describe with references to map produced in Part IV:

2) Aquifer Material:

A) Does the drilling log, well log or other geologic/engineering reports identify that the well is located in an area where the underground conditions are identified as fractured rock and/or basalt terrain?

☐ YES ☒ NO

B) Does the drilling log, well log or other geologic/engineering reports indicate that the well is located in an area where the underground conditions are primarily identified as coarse sand and gravel?

☐ YES ☒ NO

3) Is the source located in an aquifer with a high horizontal flow rate? (These can include sources located on flood plains of large rivers, artesian wells with high water pressure, and/or shallow flowing wells and springs.)

☐ YES ☒ NO

4) Are there other high capacity wells (agricultural, municipal and/or industrial) located within the CFRs?

a) Presence of ground water extraction wells removing more than approximately 500 gal/min within...

	YES	NO	unknown
< 6 month travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 month–1 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1–5 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5–10 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b) Presence of ground water recharge wells (dry wells) or heavy irrigation within...

	YES	NO	unknown
< 1 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1–5 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5–10 year travel time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please identify or describe additional hydrologic or geographic conditions that you believe may affect the shape of the zone of contribution for this source. Where possible, reference them to locations on the map produced in Part IV.

Suggestions and Comments

Did you attend one of the susceptibility workshops?

☐ YES

☒ NO

Did you find it useful?

☐ YES

☐ NO

Did you seek outside assistance to complete the assessment?

☒ YES

☐ NO

This form and instruction packet are still in the process of development. Your comments, suggestions and questions will help us upgrade and improve this assessment form. If you found particular sections confusing or problematic please let us know. How could this susceptibility assessment be improved or made clearer? Did the instruction package help you find the information needed to complete the assessment? How much time did it take you to complete the form? Were you able to complete the assessment without additional/outside expertise? Do you feel the assessment was valuable as a learning experience? Any other comments or constructive criticisms you have would be appreciated.

Lackamas Elementary Fixed Radii Calculations

Well #1

General Equation:
$$r = \sqrt{\frac{Qt}{\pi nH}}$$

Where: Q = pumping rate in cf/yr (cubic feet/year)

t = time of travel in year

n = soil porosity (assumed to be 0.22)

H = the screened interval (taken as 10 if the casing is unscreened)

pi = 3.1416

6 Month:

$$r = \sqrt{\frac{88770 (0.5)}{3.1416 (0.22)(5)}} \quad r = 113'$$

1 Year:

$$r = \sqrt{\frac{88770 (1.0)}{3.1416 (0.22)(5)}} \quad r = 160'$$

5 Year:

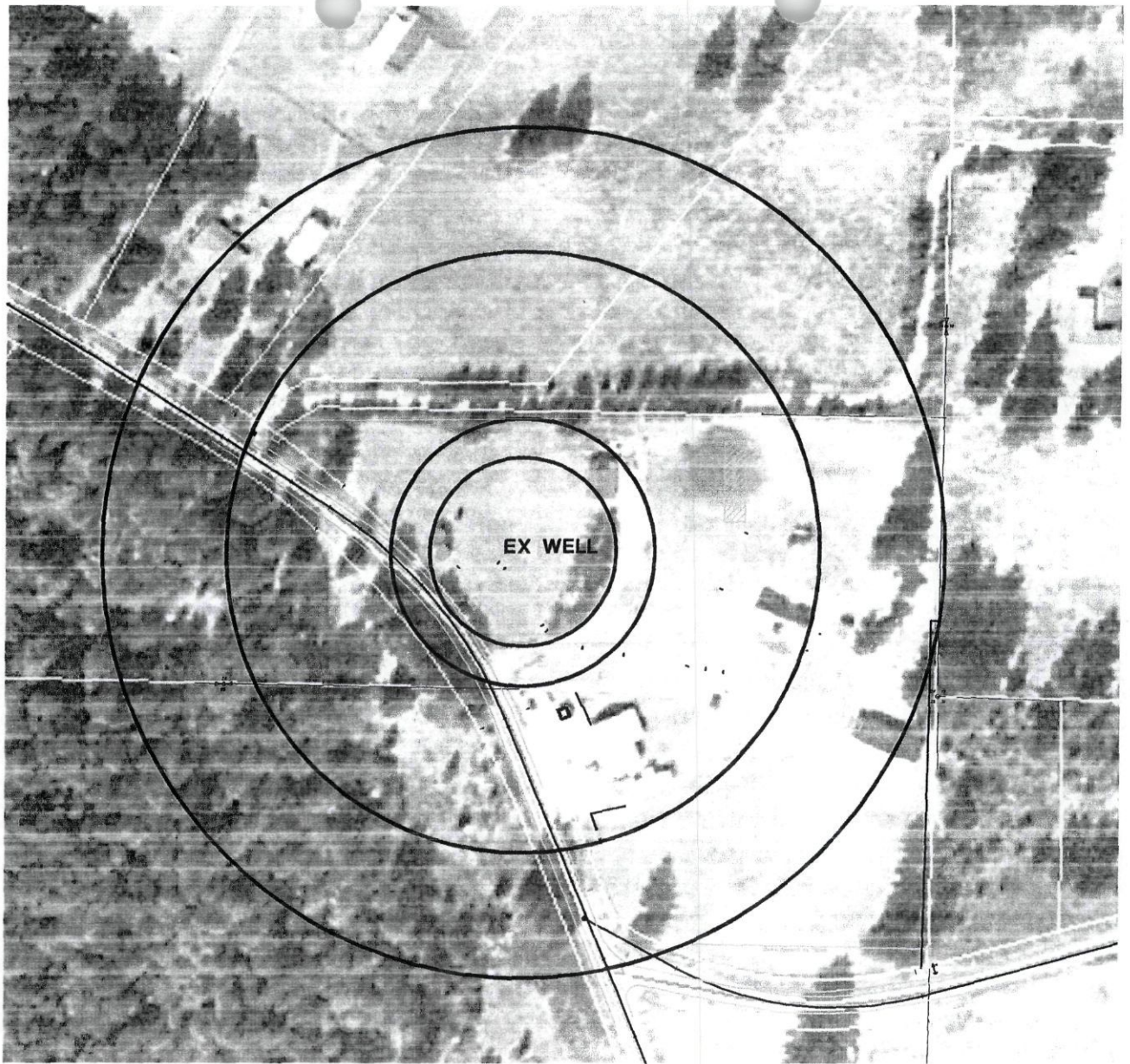
$$r = \sqrt{\frac{88770(5.0)}{3.1416(0.22)(5)}} \quad r = 358'$$

10 Year:

$$r = \sqrt{\frac{88770(10.0)}{3.1416(0.22)(5)}} \quad r = 507'$$

POTENTIAL CONTAMINANT SOURCES LISTED BY TYPE			
CATEGORY I - Sources designed to discharge substances			
	PRESENT	NOT PRESENT	DISCUSSION
Subsurface percolation		X	
Injection wells		X	
Land application		X	
CATEGORY II - Sources designed to store, treat, and/or discharge unplanned release			
	PRESENT	NOT PRESENT	DISCUSSION
Landfills		X	
Open dumps		X	
Residential	1,5,10		
Surface impoundments		X	
Waste tailings		X	
Waste piles		X	
Material stockpiles		X	
Graveyards		X	
Animal burial	1,5,10		Residential
Aboveground storage tanks	5,10		Residential
Underground storage tanks		X	
Containers		X	
Open Burning Sites	10		Residential
Detonation sites		X	
Radioactive disposal sites		X	
CATEGORY III - Sources designed to retain substances during transport or transmission			
	PRESENT	NOT PRESENT	DISCUSSION
Pipelines		X	
Materials transport and transfer operations		X	
Hazardous waste		X	
Non-hazardous waste		X	
Non-waste		X	
CATEGORY IV - Sources discharging substances as a consequence of other planned activities			
	PRESENT	NOT PRESENT	DISCUSSION
Irrigation practices	1,5,10		Residential
Pesticide applications	1,5,10		Residential
Fertilizer applications	1,5,10		Residential
Animal feeding operations		X	
De-icing salts		X	
Urban runoff	1,5,10		County Roadway
Percolation of atmospheric pollutants		X	
Mining and mine drainage		X	
CATEGORY V - Sources providing conduit or inducing discharge through alternative flow patterns			
	PRESENT	NOT PRESENT	DISCUSSION
Production wells	5,10		Residential Wells
Other wells		X	
Construction excavation		X	
Improperly abandoned wells		X	
CATEGORY VI - Naturally occurring sources whose discharge is created and/or exacerbated by human activity			
	PRESENT	NOT PRESENT	DISCUSSION
Ground water - surface water interaction	1,5,10		County Roadway
Natural leaching		X	
Saltwater intrusion		X	

LEGEND:
6 = 6 month fixed radius
1 = 1 year fixed radius
5 = 5 year fixed radius
10 = 10 year fixed radius



SCALE: 1"=200'



TIME OF TRAVEL

6 MONTH	113'
1 YEAR	160'
5 YEARS	358'
10 YEARS	507'

Civil • Municipal • Geotechnical Engineering and Planning

Jerome W. Morrisette & Associates Inc., P.S.

1700 Cooper Pt. Road S.W. #B-2, Olympia, Wa. 98502-1110 Ph 360.352.9456 Fx 360.352.9990

FIXED RADII

**YELM COMMUNITY
SCHOOLS
LACKAMAS SCHOOL**

cut fill 03158

11/4/04

sht 1



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER OPERATIONS
2411 Pacific Ave • PO Box 47823 • Olympia, Washington 98504-7823
(360) 664-0768 • FAX: (360) 664-8058
TDD Relay 1-800-833-6388

September 29, 2005

Erling Birkland
Lackamas Elementary School
Post Office Box 476
Yelm, Washington 98597-0476

Dear Mr. Birkland:

Subject: Lackamas Elementary School Water System, ID #AB023, Thurston County;
Small Water System Management Program, ODW Project #05-0519

The Small Water System Management Program (SWSMP) for the Lackamas Elementary School Water System, received by the Office of Drinking Water (ODW) on May 27, 2005, with revisions submitted on September 20, 2005, has been reviewed, and in accordance with the provisions of WAC 246-290-105, is **APPROVED**.

Approval of this plan is valid as it relates to current standards outlined in WAC 246-290—revised March 2003, WAC 246-293—revised September 1997, RCW 70.116, and the requirements of the Municipal Water Law—effective September 9, 2003, and is subject to the qualifications herein. Future revisions in the rules and statutes may be more stringent and require facility modification or corrective action.

An updated approval of this SWSMP is not required unless ODW requests an update or plan amendment pursuant to WAC 246-290-105 (5).

APPROVED NUMBER OF CONNECTIONS

Based upon information supplied in the SWSMP, the limiting factor in determining the “approved number of connections” is the water rights. Based on the information provided in the SWSMP, this system has adequate capacity to serve the elementary school and one (1) residence. **The approved number of total connections is 2.**



The Lackamas Elementary School Water System is expected to permit additional new service connections in a manner consistent with the SWSMP so that the physical capacity and water rights limitations, which are represented by the approved number of total connections, is not exceeded. New non-residential connections may need to be evaluated on a case-by-case basis to determine the relative impact on the capacity limitation.

LOCAL GOVERNMENT CONSISTENCY

Submittal of this SWSMP was not required to submit the local government consistency determinations to or from Thurston County Planning Department, because this is a Non-Transient, Non-Community Water System (NTNC) water system. Because this system is a NTNC, this SWSMP meets local government consistency requirements for SWSMP approval pursuant to RCW 90.03.386 and RCW 43.20.

WATER RESOURCES

The Department of Ecology (Ecology) sent comment letters dated August 2, 2005. The Ecology letter indicated that there were no inconsistencies with the water right self-assessment included in the SWSMP, but the system may want to apply for more water rights in the future. Please work with Ecology to resolve any water right issues. Therefore, the information presented in the SWSMP will be considered valid as it applies to this SWSMP approval.

Because Ecology has jurisdiction with respect to water rights determinations, ODW's approval of this SWSMP cannot be construed as a guarantee of water rights or legal use of water under the approved SWSMP. ODW's approval is subject to subsequent determinations by Ecology concerning the water rights for this system, which may require submittal of additional planning documents or other submittals to ODW. Questions concerning water rights or any uncertainties or discrepancies concerning water rights issues should be directed to Ecology.

SERVICE AREA AND DUTY TO SERVE

Pursuant to RCW 90.03.386 (2), the service area identified in the SWSMP (as denoted in the enclosed service area map) may now represent an expanded "place of use" for the water system's water right. Changes in service area should be made through a SWSMP amendment.

Pursuant to RCW 43.20.260, this water system has a duty to provide new water service within its retail service area. This SWSMP has incorporated information that identifies the procedures and processes put into place to ensure that the water system can provide timely and reasonable retail water service within the retail service area.

WATERSHED PLANNING

The watershed plan for WRIA 13, Deschutes Watershed, has been completed, but has not been approved. The watershed committee continues to actively participate in various projects. ODW

Erling Birkland
September 29, 2005
Page 3

encourages Lackamas Elementary School Water System to become involved in this process. Please contact Ecology at (360) 407-6310 for more information.

Thank you for your cooperation. Thurston County is being notified of the terms and requirements of this approval and the determination of the approved number of connections.

If you have any questions, please contact Regional Planner Karen Klocke at (360) 664-2999 or Regional Engineer Regina Grimm at (360) 586-4679.

Sincerely,



KAREN KLOCKE
Office of Drinking Water Regional Planner



REGINA GRIMM, P.E.
Office of Drinking Water Regional Engineer

Enclosures

cc: Terry Weeks, Jerome W. Morrisette and Associates Inc.
Thurston County Health Department
Thurston County Planning Department
Mike Dixel, Department of Ecology - SWRO
Stephen Leibenguth, ODW
Bonnie Waybright, ODW
Cheri Paine, ODW

Small Water System Management Program Guide:

A guide for small non-expanding community Group A
water systems

January 2000



For more information or additional copies of this manual contact:

Division of Drinking Water
PO Box 47822
Olympia, WA 98504-7822

www.doh.wa.gov

800-521-0323
FAX 360-236-2253 or 360-236-2252

For persons with disabilities, this document
is available on request in other formats.
Please call 1-800-525-0127
(TDD Relay 1-800-833-6388)

DOH PUB #331-134

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Preface

Owning and operating a public drinking water system is a big responsibility. There are few things more important to maintaining good health than having access to safe drinking water. The purpose of this guide is to assist owners/operators of small non-expanding community Group A water systems to meet the requirements of state and federal drinking water laws, and ultimately to protect the health of their customers.

Much of this guide will be useful on a day-to-day basis. The guide can be used as a filing system for system personnel. Several water systems who have already used this guide tell us that it can serve many purposes including providing:

- 1) a central location for numerous water system records and system policies,
- 2) a process to evaluate present and future system deficiencies and improvements necessary for continued water system operation, and
- 3) a list of operation and maintenance duties that can be reviewed, used and improved as necessary by existing and future water system personnel so they may effectively manage and operate the water system.

This guide is printed on three-hole punched paper so system personnel can update and keep their guide in a binder for reference at their work location.

In addition to serving as a central filing system, by completing this guide, systems will also satisfy the Small Water System Management Program requirement in Washington Administrative Code (WAC) 246-290-105 and the capacity requirement for water systems mandated in the federal Safe Drinking Water Act.

How to Use this Guide

Existing water systems not intending to expand either their service area or approved number of connections are required to develop a Small Water System Management Program (SWSMP) (WAC 246-290-105). This guide, that includes 18 technical, managerial and financial elements, is intended to assist in the development of SWSMPs.

[**NOTE:** New systems or systems intending to install additions, extensions or changes to existing source, transmission, storage or distribution facilities, that will enable an increase in service area and/or number of approved connections, are required to develop and submit a more comprehensive Water System Plan for review and approval. If your system is intending to expand, please contact your drinking water program regional office (listed on the following page) for more information about this requirement.]

This guide contains a description of content and a blank form for each of the 18 elements. Specific instructions are provided for each element on how to complete the form. Some elements can be completed quickly (e.g., fill in information that should be readily available or attach documents you should have in your files). Other elements may take more effort (e.g., if one does not exist, create a service area and facility map or develop a cross connection control program).

Working through this complete guide may appear challenging at first, but from the perspective of assuring effective long term management of your system, each element is important. **To help you prioritize your efforts, please focus on the first five elements of this guide first.** [These elements primarily focus on accurate record keeping and water quality monitoring/reporting. They are absolutely essential and need your immediate attention.] Once these are completed, continue to work through the guide and develop the other technical, managerial, and financial elements.

A "To Do" list is located on page 6 of this guide. This list will help identify and keep track of follow-up assignments to complete various elements.

The Department of Health Drinking Water Program (DOH) may request that you submit your SWSMP for review for a variety of reasons including, but not limited to:

- 1) lack of compliance with drinking water regulations,
- 2) concerns raised in a sanitary survey,
- 3) a change of ownership or a proposed change in ownership, or
- 4) as part of the Drinking Water State Revolving Fund (SRF) application.

You should complete and revise the elements as necessary to maintain current information. If you need to update any elements/forms, you can request additional element/forms, or the entire guide from DOH on a 3.5" diskette.

How to Use this Guide(continued)

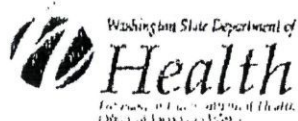
DOH is working with technical assistance providers in the state to help small water systems in completing SWSMPs. If you need help completing this guide, contact one of the technical assistance providers identified below. For other drinking water questions, you may call DOH at the numbers provided. There is a list of additional reference documents at the end of this guide on page R-1.

<i>Technical Assistance Providers</i>	
<i>Rural Community Assistance Corporation</i> 4305 Lacey Blvd. SE Lacey, WA 98503 360/493-2260	<i>Evergreen Rural Water of Washington</i> 510 N. Pine St. Ellensburg, WA 98926 509/962-6326 1/800/272-5981

<i>Washington State Department of Health Division of Drinking Water</i>	
Headquarters New Market Center, Building 3 P.O. Box 47822 Olympia, WA 98504-7822 800/521-0323 Eastern Regional Office 1500 W. 4th Ave., Suite 305 Spokane, WA 99204 509/456-3115 (Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman and Yakima counties)	Northwest Regional Office 20435 72nd Ave S, Suite 200 Kent, WA 98032 253/395-6750 (Island, King, Pierce, San Juan, Skagit, Snohomish and Whatcom counties) Southwest Regional Office P.O. Box 47823 Olympia, WA 98504-7823 360/664-0768 (Clallam, Cowlitz, Clark, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum counties)

SWSMP Element Summary Sheet

SWSMP Element Number and Title	Objective/Content
1) Water Facilities Inventory	Provides information about the water system (e.g., source capacity, number of connections and population served, etc.).
2) Water Quality Monitoring Program	Identifies the type, frequency and location of baseline water quality monitoring required for each existing, permanent and seasonal source and distribution system.
3) Consumer Confidence Report	Creates an annual educational water quality report, for distribution to your customers, which summarizes monitoring results.
4) Preparing for Your Sanitary Survey	Identifies things a system can perform to prepare for sanitary surveys.
5) Annual Operating Permit	Provides a compliance status report to system to correct any identified problems.
6) Cross-Connection Control Program	Documents cross-connection control program efforts to protect system from possible contamination.
7) Emergency Response Plan	Contains phone numbers of parties to contact in case of a system emergency.
8) Service Area and Facility Map	Contains service area boundaries and lists major system components.
9) Operation and Maintenance Program	Lists system personnel information (name, title, phone #) and identifies functions, frequency (e.g., weekly, monthly), and location of component maintenance.
10) Wellhead Protection Program	Summarizes the system's wellhead protection program.
11) Water Right Documentation	Lists the right (Permit, Certificate, or Claim) that includes the number of acre-feet and gallons per minute allowed to be withdrawn.
12) Record of Source Water Pumped	Charts the amount of water pumped from system sources.
13) Water Usage	Charts the number of system users, the average consumption per user, and the estimate of total system usage.
14) Water Conservation Program	Summarizes the system's conservation efforts that promote the wise use of water.
15) Component Inventory and Assessment	Verifies component approval status. Inventories system components. Identifies possible system improvements in the next six years.
16) List of System Improvements	Identifies the year, cost, and financing method for anticipated system improvements.
17) Budget	Includes revenues, expenses and capital improvement financing.
18) System Management	Documents the system's management practices including the decision making process.



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 0

Quarter 0

Updated: 03/09/2005

Printed: 03/31/2005

WFL Printed For: On-Demand

Submission Reason: New System

New Water System

ONE FORM PER SYSTEM

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

1. SYSTEM ID NO. AB023 G	2. SYSTEM NAME LACKAMAS ELEMENTARY SCHOOL WS	3. COUNTY THURSTON	4. GROUP A	5. TYPE NTNC
6. PRIMARY CONTACT NAME & MAILING ADDRESS ERLING BIRKLAND (FACILITIES DIRECTOR) PO BOX 476 YELM, WA 98597		7. OWNER NAME & MAILING ADDRESS YELM SCHOOL DISTRICT 2 ERLING BIRKLAND PO BOX 476 YELM, WA 98597-0476		
8. Owner Number 007924		TITLE: FACILITIES DIRECTOR		
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP		STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 404 YELM AVE E CITY YELM STATE WA ZIP 98597-0476		
9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION		
Primary Contact Daytime Phone: (360) 458-6128		Owner Daytime Phone: (360) 458-6128		
Primary Contact Mobile/Cell Phone: (360) 239-8295		Owner Mobile/Cell Phone: (360) 239-8295		
Primary Contact Evening Phone: (360) 971-0980		Owner Evening Phone: (360) 971-0980		
Fax:	E-mail:	Fax: (360) 458-6434 E-mail: ebirkland@yeswednet.edu		

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

☒ Not applicable (Skip to # 12)

☐ Owned and Managed SMA NAME: _____ SMA Number: _____

☐ Managed Only

☐ Owned Only

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service and Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.):
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)				14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association	<input type="checkbox"/> County	<input type="checkbox"/> Investor	<input checked="" type="checkbox"/> Special District	0
<input type="checkbox"/> City / Town	<input type="checkbox"/> Federal	<input type="checkbox"/> Private	<input type="checkbox"/> State	

15	16 SOURCE NAME: LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XY2456 IF SOURCE IS PURCHASED OR INTERTIE, LIST SELLER'S NAME. Example: SELLER	17 INTERTIE	18 SOURCE CATEGORY								19 USE	20	21 TREATMENT			22 DEPTH	23	24 SOURCE LOCATION										
Source Number		INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRING FIELD	SEA WATER	SURFACE WATER	RAINFALL INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLOCCULATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
001	Pio-Achie 03/09/2005 WELL #1 AEA164		X										X				X							00	SW SW	24	16N	02E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO. AB023 G	2. SYSTEM NAME LACKAMAS ELEMENTARY SCHOOL WS	3. COUNTY THURSTON	4. GROUP A	5. TYPE NTNC
		ACTIVE SERVICE CONNECTIONS	DOH USE ONLY: CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY: APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)		0	0	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)		0		
B. Part Time Single Family Residences (Occupied less than 180 days per year)		0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)				
A. Apartment Buildings, Condos, duplexes, triplexes, dorms		0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year		0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year		0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)				
A. Recreational Services (Fountains, RV Sites, Sprinklers, etc.)		0	0	
B. Industrial, Commercial, Institutional, School, Day Care, Industrial Services, etc.		1	1	
28. TOTAL SERVICE CONNECTIONS			1	

29. FULL-TIME RESIDENTIAL POPULATION													
A. How many residents are served by this system 180 or more days per year? 1													
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many part time residents are present each month?													
B. How many days per month are they present?													
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many (not visitors, attendees, travelers, campers, patients or customers have access to the water system each month?													
B. How many days per month is water accessible to the public?													
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. If you have schools, daycares, or businesses connected to your water system, how many students/daycare children and/or employees are present each month?													
B. How many days per month are they present?													
33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
* Requirement is exception from WAC 246-290	0	0	0	0	0	0	0	0	0	0	0	0	

35. Reason for Submitting WFI:

☐ Update - Change ☐ Update - No Change ☐ Inactivate ☐ Re-Activate ☐ Name Change ☐ New System ☐ Other

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

 SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ TITLE: _____

Element 2 - Water Quality Monitoring Program

Purpose

To identify the type, frequency and location of baseline water quality monitoring (testing) required by regulations.

Background

The drinking water regulations set water quality standards for public water supplies (MCLs- maximum contaminant levels). They also establish monitoring and public notification requirements for public water systems. Monitoring has 3 levels of activity, which are:

- 1) initial monitoring,
- 2) baseline monitoring, and
- 3) follow-up monitoring.

Initial monitoring applies to new source development and/or new groups of contaminants and is in effect for a short period of time. Baseline monitoring is routine monitoring assigned to a source/system over a long period based upon results of the initial monitoring. Finally, follow-up monitoring reflects an increase in monitoring activity from the baseline because chemicals or contaminants were detected in the water. Whenever a detection is above an identified trigger and/or MCL, the assigned monitoring frequency shifts from the baseline schedule to the appropriate follow-up monitoring schedule.

Element 2 identifies "core" monitoring requirements for existing ground water sources (permanent and seasonal wells, wellfields, and springs). WAC 246-290-300 is the section of the state regulations that outline the water quality monitoring requirements. Each water system is required to develop and carry out a schedule of required monitoring. Systems are not generally required to complete monitoring for purchased, intertie or emergency sources. Water systems are expected to collect the appropriate samples and send them to a DOH certified laboratory for analysis, along with a request for the laboratory to send a copy of the analysis to both the water system and DOH.

For each test conducted, the laboratory report should include:

- 1) results of the analysis for each of the required compounds, and
- 2) a list of trigger levels and MCLs for each compound analyzed.

If your test results exceed the "trigger" levels, you will be required to begin a follow-up monitoring program (a program with an increase in the number of samples required). If your test results exceed the MCL, you will be required to:

- A) start a follow-up monitoring program,
- B) satisfy public notification requirements, and
- C) notify DOH and, if appropriate, take steps to correct the problem.

The chart below includes the type of contaminants required to be tested, when to sample, where to sample and if waivers are available. Waivers are the mechanism that allows DOH to reduce monitoring requirements, for selective contaminants, to less than the baseline schedule. Waivers are granted by DOH on a source-specific basis as well as on a state-wide basis where the risk of contamination has been determined to be low.

Contaminant	When to sample	Where to sample	Waiver?
Total Coliform Bacteria (COLI)	Number of samples required in WAC 246-290-300. This monthly requirement to be shown in system's Coliform Monitoring Plan. (Refer to the guidance document, a fill-in-the-blank document, for assistance in completing a Coliform Monitoring Plan.)	From representative points throughout distribution systems as indicated in the Coliform Monitoring Plan.	No
Nitrate (NIT)	Baseline: 1 sample every year * Follow-up: 1 sample every 3 months after a detection above the trigger of 5.0 mg/l <i>*note: nitrate is included as a standard part of a complete inorganic chemical analysis</i>	From each active permanent & seasonal source after treatment and prior to entering the distribution system.	No
Inorganic Chemicals (IOC)	Baseline (for GW sources): 1 sample every 3 years. Follow-up: 1 sample every 3 months after a chemical detection above a trigger value.	From each active permanent & seasonal source after treatment and prior to entering the distribution system.	Yes
Volatile Organic Chemicals (VOC)	Baseline (for GW sources): 1 sample every 3 years. Follow-up: 1 sample every 3 months after a detection of any compound in excess of the trigger of 0.5 ug/l	From each active permanent & seasonal source after treatment and prior to entering the distribution system.	Yes
Synthetic Organic Chemicals (SOC)	Baseline (for systems with a populations < 3,300) 1 set of samples every 3 years.* Follow-up: 1 sample every 3 months for any individual test method that showed a detection above a trigger. <i>*note: a standard set of SOC samples includes test methods: 525.2, 515.1, & 531.1.</i>	From each active permanent & seasonal source after treatment and prior to entering the distribution system.	Yes
Lead & Copper (LCR)	This is an on-going monitoring program. Sampling requirements may change depending on the findings of previous monitoring. Contact your DOH region for current status and requirements.	Samples taken from the distribution system at targeted in-home taps.	No
Radionuclides (RAD)	Baseline: One sample every 4 years. Contact your DOH regional office for current status of this requirement.	From each active permanent & seasonal source after treatment and prior to entering the distribution system.	No

Each fall, DOH will send each system a Water Quality Monitoring Report that identifies their core water quality monitoring requirements for the next calendar year. The purpose is to provide a simple reminder of up-coming water quality sampling requirements. The requirements found in the report will reflect the current system status based upon the regulatory requirements and your monitoring history. As waivers are applied for and granted, the listed monitoring requirements will be edited to reflect those changes. If your monitoring requirements change as a result of the detection of regulated compounds above their trigger values (moving from baseline monitoring to follow-up), DOH will update the Water Quality Monitoring Report for the next year. You must adjust your sampling schedule to reflect these types of changes.

It is very important that you keep a copy of all laboratory sample results. This will help you document that the required monitoring has been completed. You can obtain a list of certified laboratories by calling 206/361-2822 or from the DOH web page www.doh.wa.gov/ehp/dw/public.htm.

Instructions For Completing Form 2 (form is below)

- Step 1. Attach your Water Quality Monitoring Report (sent by DOH) that contains the baseline testing frequency for each of the contaminants for this calendar year.
- Step 2. Transfer testing dates for the various contaminants into your system's working documents (e.g., budget, work schedule, contract with lab, etc.).
- Step 3. Remember to revise you testing schedule if any additional follow-up testing is required or if your system has received a waiver for a specific monitoring requirement.
- Step 4. Attach a copy of your Coliform Monitoring Plan (Ask DOH for a copy of the document "*Preparation of a COLIFORM MONITORING PLAN*", if you have not completed your Coliform Monitoring Plan).

Form 2 - Water Quality Monitoring Program

Completed	Task Completion	Date
<input type="checkbox"/>	Attach a copy of your Water Quality Monitoring Report	Will include when school is in use and report is given.
<input checked="" type="checkbox"/>	Transfer testing dates to other system documents	April 8th, 2005
<input type="checkbox"/>	Agreement to revise testing schedule upon new follow-up testing requirements or waivers	
<input checked="" type="checkbox"/>	Attach copy of Coliform Monitoring Plan	April 8th, 2005

Testing:

Water Quality sampling will be performed as shown on page 2-3 of this section, or as shown on the Water Quality Monitoring Report (WQMR) by Department of Health, Southwest Division of Drinking Water Division that will be provided after well becomes active.

Bacteriological:

Tested 1/21/05. Coliform monitoring plan attached.

Nitrate:

Tested 7/22/04

IOC:

Tested 7/22/04

VOC:

Tested 8/2/04

SOC:

A susceptibility survey has been prepared to determine waiver availability.

Radionuclides:

Sampling as required by DOH in the Water Quality Monitoring Report (WQMR)

Lead and Copper:

Initial lead and copper sampling should be performed beginning 4 months after the building completion. A maximum of 250 people per day is anticipated. Sampling requirements are: 10 samples for each of two consecutive 6 month periods. The samples need to be taken at cold water faucets. If 10 sample locations cannot be found, then sites may be sampled 2 days in a row to make up the required 10 samples.

Asbestos:

The Department of Health will send a request for waiver form.

Thurston County
Environmental Health
2000 Lakeridge Dr. S.W.
Olympia, WA 98502
786-5465

WATER-BACTERIOLOGICAL ANALYSIS
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 11 21 105		TIME COLLECTED 7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME THURSTON
TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. [] [] [] [] [] []		CIRCLE GROUP A B
NAME OF SYSTEM LAKERIDGE COMMUNITY			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED RENTAL HOUSE OUTSIDE HOUSE B-B		TELEPHONE NO. DAY (360) 958-6128 EVENING (360) 239-8295	
SAMPLE COLLECTED BY: (Name) A. BERGLAND		SYSTEM OWNER/MGR: (Name) A. BERGLAND	
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER			
SEND REPORT TO: (Print full Name, Address and Zip) A. BERGLAND 816 YOUNG COMMUNITY SCHOOL PO BOX 476 YOUNG WA 98597			

WASHINGTON

TYPE OF SAMPLE (check only one in this column)		<input type="checkbox"/> Chlorinated (Residual: Total Free)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Filtered	<input checked="" type="checkbox"/> Untreated or Other	
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab #	Date	
<input type="checkbox"/> RAW SOURCE WATER	Source #	<input checked="" type="checkbox"/> Total Coliform	
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS		<input type="checkbox"/> Fecal Coliform	
<input type="checkbox"/> OTHER (Specify)			

REMARKS: EXISTING WELL ON PROPERTY
SCHOOL SITE

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present		<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent	
OTHER LABORATORY RESULTS			
TOTAL COLIFORM ____/100 ml		E. COLI ____/100 ml	
FECAL COLIFORM ____/100 ml		PLATE COUNT ____/ml	
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/>		TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 80-0 04105	DATE, TIME RECEIVED 11/21/05 10:27
DATE REPORTED 1-24-05	LABORATORY:

VOC () SOC () MISC ()

LAB USE ONLY;

✓BAC

() 30A

() 308

() MIS

COMMENTS:

$$2 + 1 = 3$$

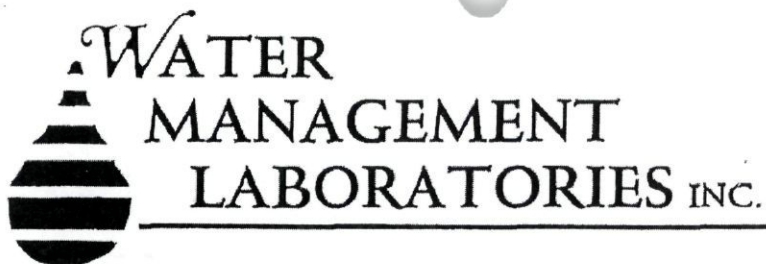
System ID No:	N/A		System Name:	d'Arcy Kamas School				
Lab/Sample No:	08768950		Date Collected:	7-21-04				
Multiple Source Nos:	N/A		Sample Type:	B				
Date Received:	7-22-04		Date Reported:	7-27-04				
County:	Thurston		Date Digested:	N/A				
Sample Location:	Washburn / Linn		Group:	A B Other				
Send Results & Bill To:	Klein Community Schools		Supervisor:	WMA				
Remarks:								
DOH#	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS	Method/Analyst
EPA REGULATED								
						Thgert?	MCL?	
4	Arsenic	0.018	mg/l	0.002	0.05	0.05	NO	NO
5	Barium	<0.1	mg/l	0.1	2	2		
6	Cadmium	<0.002	mg/l	0.002	0.005	0.005		
7	Chromium	<0.01	mg/l	0.01	0.1	0.1		
11	Mercury	<0.0005	mg/l	0.0005	0.002	0.002		
12	Selenium	<0.005	mg/l	0.005	0.05	0.05		
110	Beryllium	<0.003	mg/l	0.003	0.004	0.004		
111	Nickel	<0.04	mg/l	0.04	0.1	0.1		
112	Antimony	<0.005	mg/l	0.005	0.006	0.006		
113	Thallium	<0.002	mg/l	0.002	0.002	0.002		
116	Cyanide	<0.05	mg/l	0.05	0.2	0.2		
119	Fluoride	<0.2	mg/l	0.2	2	4		
114	Nitrite-N	<0.2	mg/l	0.5	0.5	1		
20	Nitrate-N	<0.2	mg/l	0.5	5	10		
161	Total Nitrate/Nitrite	<0.4	mg/l	0.5	5	10		
EPA REGULATED (Secondary)								
8	Iron	<0.1	mg/l	0.1	0.3	0.3	NO	NO
10	Manganese	0.04	mg/l	0.01	0.05	0.05		
13	Silver	<0.01	mg/l	0.01	0.1	0.1		
21	Chloride	16	mg/l	20	250	250		
22	Sulfate	<1	mg/l	10	250	250		
24	Zinc	<0.2	mg/l	0.2	5	5		
STATE REGULATED								
14	Sodium	93	mg/l	5				
15	Hardness	37	mg/l	10				
16	Conductivity	431	umhos/cm	10	700	700	NO	NO
17	Turbidity	0.4	NTU	0.1	1			
18	Color	<5	color units	5	15	15		
26	Total Dissolved Solids	N/A	mg/l	150	500	500		
STATE UNREGULATED								
9	Lead	<0.002	mg/l	0.002				
23	Copper	<0.02	mg/l	0.02				

INORGANIC CHEMICALS (IOCS) REPORT

Aug. 11 2004 04:51PM P3
SPE DATA
FOR INSTRUCTIONS
Tacoma, WA 98404
(253) 531-3121

WATER MANAGEMENT LABORATORIES INC.
PHONE NO. :

FROM :
Please Print Plainly
USE HEAVY PEN



1515 80th St. E.
Tacoma, WA 98404
(253) 531-3121

VOLATILE ORGANIC CHEMICALS (VOC's) ANALYSIS REPORT
EPA TEST METHOD - 524.2

System ID No.: N/A		System Name: Lackamas School	
Lab/Sample No.: 08970807		Date Collected: 08/02/04	DOH Source No.: N/A
Multiple Source Nos.: N/A		Sample Type: B	Sample Purpose: I
Date Received: 08/02/04	Date Reported: 08/10/04	Supervisor: <i>WMB</i>	
	Date Analyzed: 08/09/04	Analyst: LHL	
County: Thurston		Group: Private	
Sample Location: Storage Tank			
Send To: Yelm Community Schools P.O.Box 476; Yelm, WA 98597		Remarks:	

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS	
EPA REGULATED							Trigger?	MCL?
45	Vinyl Chloride	ND	ug/L	0.5	0.5	2	NO	NO
46	1,1 - Dichloroethylene	ND	ug/L	0.5	0.5	7	NO	NO
47	1,1,1 - Trichloroethane	ND	ug/L	0.5	0.5	200	NO	NO
48	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	NO	NO
49	Benzene	ND	ug/L	0.5	0.5	5	NO	NO
50	1,2 - Dichloroethane	ND	ug/L	0.5	0.5	5	NO	NO
51	Trichloroethylene	ND	ug/L	0.5	0.5	5	NO	NO
52	1,4 - Dichlorobenzene	ND	ug/L	0.5	0.5	75	NO	NO
56	Dichloromethane	ND	ug/L	0.5	0.5	5	NO	NO
57	trans-1,2 - Dichloroethylene	ND	ug/L	0.5	0.5	100	NO	NO
60	cis-1,2 - Dichloroethylene	ND	ug/L	0.5	0.5	70	NO	NO
63	1,2 - Dichloropropane	ND	ug/L	0.5	0.5	5	NO	NO
66	Toluene	ND	ug/L	0.5	0.5	1000	NO	NO
67	1,1,2 - Trichloroethane	ND	ug/L	0.5	0.5	5	NO	NO
68	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	NO	NO
71	Chlorobenzene	ND	ug/L	0.5	0.5	100	NO	NO
73	Ethylbenzene	ND	ug/L	0.5	0.5	700	NO	NO
76	Styrene	ND	ug/L	0.5	0.5	100	NO	NO
84	1,2 - Dichlorobenzene	ND	ug/L	0.5	0.5	600	NO	NO
95	1,2,4 - Trichlorobenzene	ND	ug/L	0.5	0.5	70	NO	NO
160	Total Xylenes	ND	ug/L	0.5	0.5	10000	NO	NO
74	m/p Xylenes (MCL for Total)	ND	ug/L	0.5	0.5		NO	
75	o - Xylene (MCL for Total)	ND	ug/L	0.5	0.5		NO	
EPA UNREGULATED								
27	Chloroform	ND	ug/L	0.5	0.5		NO	
28	Bromodichloromethane	ND	ug/L	0.5	0.5		NO	
29	Chlorodibromomethane	ND	ug/L	0.5	0.5		NO	
30	Bromoform	ND	ug/L	0.5	0.5		NO	
53	Chloromethane	ND	ug/L	0.5	0.5		NO	
54	Bromomethane	ND	ug/L	0.5	0.5		NO	
55	Chloroethane	ND	ug/L	0.5	0.5		NO	

Water Management Laboratories, Inc.

1515 80th St. E.

Tacoma, WA 98404

(253) 531-3121

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS	
EPA UNREGULATED (Continued)							Trigger?	MCL?
58	1,1 - Dichloroethane	ND	ug/L	0.5	0.5		NO	
59	2,2 - Dichloropropane	ND	ug/L	0.5	0.5		NO	
62	1,1 - Dichloropropene	ND	ug/L	0.5	0.5		NO	
64	Dibromomethane	ND	ug/L	0.5	0.5		NO	
70	1,3 - Dichloropropane	ND	ug/L	0.5	0.5		NO	
72	1,1,1,2 - Tetrachloroethane	ND	ug/L	0.5	0.5		NO	
78	Bromobenzene	ND	ug/L	0.5	0.5		NO	
79	1,2,3 - Trichloropropane	ND	ug/L	0.5	0.5		NO	
80	1,1,2,2 - Tetrachloroethane	ND	ug/L	0.5	0.5		NO	
81	o - Chlorotoluene	ND	ug/L	0.5	0.5		NO	
82	p - Chlorotoluene	ND	ug/L	0.5	0.5		NO	
83	m - Dichlorobenzene	ND	ug/L	0.5	0.5		NO	
154	1,3 - Dichloropropene	ND	ug/L	0.5	0.5		NO	
STATE UNREGULATED								
65	cis-1,3 - Dichloropropene	ND	ug/L	0.5	0.5		NO	
69	trans-1,3 - Dichloropropene	ND	ug/L	0.5	0.5		NO	
85	Fluorotrichloromethane	ND	ug/L	0.5	0.5		NO	
86	Bromochloromethane	ND	ug/L	0.5	0.5		NO	
87	Isopropylbenzene	ND	ug/L	0.5	0.5		NO	
88	n - Propylbenzene	ND	ug/L	0.5	0.5		NO	
89	1,3,5 - Trimethylbenzene	ND	ug/L	0.5	0.5		NO	
90	t - Butylbenzene	ND	ug/L	0.5	0.5		NO	
91	1,2,4 - Trimethylbenzene	ND	ug/L	0.5	0.5		NO	
92	s - Butylbenzene	ND	ug/L	0.5	0.5		NO	
93	p - Isopropyltoluene	ND	ug/L	0.5	0.5		NO	
94	n - Butylbenzene	ND	ug/L	0.5	0.5		NO	
96	Napthalene	ND	ug/L	0.5	0.5		NO	
97	Hexachlorobutadiene	ND	ug/L	0.5	0.5		NO	
98	1,2,3 - Trichlorobenzene	ND	ug/L	0.5	0.5		NO	
102	EDB (Confirm by 504.1)	ND	ug/L	0.5	0.5		NO	
103	DBCP (Confirm by 504.1)	ND	ug/L	0.5	0.5		NO	
162	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		NO	
N/A	Nitrobenzene	ND	ug/L					
N/A	MTBE	ND	ug/L	0.5	0.5		NO	

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): In the RESULTS column indicates this compound was not included in the current analysis.

ND (Not Detected): In the RESULTS column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

< : Indicates less than.

Comments :

A maximum contaminant level of 80 ug/L total Trihalomethanes (Compounds 27-30) is allowed.

Method 524: VOC's

File: Orig. & First Copy - Dept of Ecology
Second Copy - Owner; Third Copy - Driller

WATER WELL REPORT
State of Washington

Start Card No. W108359
Unique Well ID ABA164
Water Right Permit No.

(2) OWNER: NINA DILLARD JENSEN

Address 19207 HEAT RD SE YELM WA 98597

Page 1 of 1

(2) LOCATION OF WELL: COUNTY THURSTON

SW 1/4 SW 1/4 Sec 24 T 16 N R 2 E

(2a) STREET ADDRESS OF WELL (or nearest address) 16240 SE BALD HILLS RD YELM WA

(3) PROPOSED USE: DOMESTIC					(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION		
(4) Type of work: NEW WELL Method: ROTARY					Material	From	To
(5) DIMENSIONS: Diameter of well 6 inches. Drilled 254 feet. Depth of completed well 254 ft.					TOP SOIL AND GRAVEL	0	1
					BROWN CLAY, GRAVELS, COBBLES	1	6
					BROWN CLAY, GRAVELS	6	38
(6) CONSTRUCTION DETAILS:					GREY SANDY CLAY, GRAVELS	38	91
Casing instld: 6 " Diam. from 0 ft. to 250.5 ft.					GREY SILTY SANDY CLAY	91	109
Welded X " Diam. from ft. to ft.					GREY STICKY CLAY	109	250
Liner " Diam. from ft. to ft.					GREY SILTY FINE SAND, WATER	250	254
Threaded _							
Perforations: Yes _ No X							
Type of perforator used							
Size of perforations in. by in.							
perforations from ft. to in.							
perforations from ft. to in.							
perforations from ft. to in.							
Screens: Yes X No _							
Manufacturer's Name JOHNSON							
Type STAINLESS Model No							
Diam 6 Slot size 8 from 254.4 ft. to 250.5 ft.							
Diam Slot size from ft. to ft.							
Gravel packed: Yes _ No X Size of gravel							
Gravel placed from ft. to ft.							
Surface seal: Yes X No _ To what depth? 23 ft.							
Material used in seal BENTONITE							
Did any strata contain unusable water? Yes _ No X							
Type of water? Depth of strata							
Method of sealing strata off							
(7) PUMP: Manufacturer's Name							
Type H.P. 0							
(8) WATER LEVELS: Surface elev above mean sea level ft.							
Static level 133.1 ft. below top of well Date 08/14/98							
Artesian pressure lbs. per sq. in. Date							
Artesian pressure is controlled by							
(9) WELL TESTS: Pump test made? _ By whom?					Work Started 08/10/98	Completed 08/14/98	
Yield 0 gal./min. with ft. drawdown after hrs					WELL CONSTRUCTOR CERTIFICATION:		
Yield 0 gal./min. with ft. drawdown after hrs					I constructed and/or accept responsibility for construction		
Yield 0 gal./min. with ft. drawdown after hrs					this well, and its compliance with all Washington well cons		
Recovery data:					truction standards. Materials used and the information repor		
Time	Wtr. Lvl.	Time	Wtr. Lvl.	Time	Wtr. Lvl.	above are true to my best knowledge and belief.	
Date of test					Name RICHARDSON WELL DRILLING		
Bailer test 0 gal/min with ft. drawdown after hrs					Address P.O. Box 427 Tacoma WA 98444		
Airtest 8 gal/min with stem set at 248 ft. for 2 hrs					(Signed) <i>[Signature]</i> Lic. No 2017		
Artesian flow 0 gal/min Date					(Well Driller)		
Temperature of water Was chemical analysis made? NO					Contractor's Registration No. RICHAW*32108 Date 09/0:		
					Based on form RCL 050-1-20 (2/93)**2-1328- by Speed Systems		

Coliform Monitoring Plan for Lackamas Elementary School

A. System Information

Water System Name Lackamas Elementary School	County Thurston	System I.D. AB023 G
System Narrative	Source: Well 1 254' deep (So1) Treatment: None Distribution: single pressure zone. Water is pumped from the well to storage tanks. 4" D.I. pipe connects the storage tanks to the other buildings. Storage: Two 3000 gallon polyethylene tanks. Residential Pop: One single family rental. Non Residential Population: Max. 250	
Number of Routine Samples Required Monthly by Regulation: 1	Number of Sample Sites Needed to Represent the Distribution System: 1	

B. Routine and Repeat Sample Locations:

X1 Women's Lavatory Main Building	<i>Location of Repeat Sample Sites</i> 1-1 Women's Lavatory Main Building 1-2 Women's Lavatory Gym 1-3 Men's Lavatory Main Building 1-4 Men's Lavatory Gym 1-5 Hose Bib in Domestic Booster Station
X2 Women's Lavatory Gym	<i>Location of Repeat Sample Sites</i> 2-1 Women's Lavatory Main Building 2-2 Women's Lavatory Gym 2-3 Men's Lavatory Main Building 2-4 Men's Lavatory Gym 2-5 Hose Bib in Domestic Booster Station
X3 Men's Lavatory Main Building	<i>Location of Repeat Sample Sites</i> 3-1 Women's Lavatory Main Building 3-2 Women's Lavatory Gym 3-3 Men's Lavatory Main Building 3-4 Men's Lavatory Gym 3-5 Hose Bib in Domestic Booster Station
X4 Men's Lavatory Gym	<i>Location of Repeat Sample Sites</i> 4-1 Women's Lavatory Main Building 4-2 Women's Lavatory Gym 4-3 Men's Lavatory Main Building 4-4 Men's Lavatory Gym 4-5 Hose Bib in Domestic Booster Station
X5 Woman's Lavatory Kindergarten Port.	<i>Location of Repeat Sample Sites</i> 5-1 Woman's Lavatory Kindergarten Port. 5-2 Women's Lavatory Gym 5-3 Men's Lavatory Main Building 5-4 Men's Lavatory Gym 5-5 Hose Bib in Domestic Booster Station
X6 Men's Lavatory Kindergarten Port.	<i>Location of Repeat Sample Sites</i> 6-1 Men's Lavatory Kindergarten Port. 6-2 Women's Lavatory Gym 6-3 Men's Lavatory Main Building 6-4 Men's Lavatory Gym 6-5 Hose Bib in Domestic Booster Station

C. Routine Sample Rotation Schedule

MONTH	ROUTINE SITE	MONTH	ROUTINE SITE
JAN	X1	JUL	X1
FEB	X2	AUG	X2
MAR	X3	SEP	X3
APR	X4	OCT	X4
MAY	X5	NOV	X5
JUN	X6	DEC	X6

D. Month Following Unstisfactory Samples

The month after a coliform positive sample, five (5)
follow-up samples will be submitted, marked as "Routine" type samples.
We will collect these from the four (4) routine sample sites,
as well as from the Domestic Booster Station (X7) sample tap.
X1 Women's Lavatory Main Building
X2 Women's Lavatory Gym
X3 Men's Lavatory Main Building
X4 Men's Lavatory Gym
X7 Hose Bib in Domestic Booster Station

E. Preparation Information

System Name Lackamas Elementary School	Date Plan Completed 4/8/2005	Dates Modified
Name of Plan Preparer Jerry Morrisette	Position: P.E.	Daytime Phone # 352-9456
State Reviewer	Date of Last Review	

Form 3 - Consumer Confidence Report

Completed Task		Completion Date
<input checked="" type="checkbox"/>	Obtain a copy of the federal regulation or guidance document	April 8th, 2005
<input checked="" type="checkbox"/>	Gather water quality data	April 8th, 2005
<input checked="" type="checkbox"/>	Construct and complete your eight column data summary table	April 8th, 2005
<input checked="" type="checkbox"/>	Include required definitions and educational and mandatory language	April 8th, 2005
<input checked="" type="checkbox"/>	Include general source water and Source Water Assessment information	April 8th, 2005
<input checked="" type="checkbox"/>	Include customer involvement information	April 8th, 2005
<input checked="" type="checkbox"/>	Include water system phone number and EPA's hotline number	April 8th, 2005
<input type="checkbox"/>	Send CCR to each service connection and other consumers	One year after students return
<input type="checkbox"/>	Send CCR and a signed and dated certification form to your Division of Drinking Water Regional Office by the annual due date	One year after students return
<input type="checkbox"/>	Put a copy of your CCR in your own files	One year after students return

See Sample On Next Page

Testing:

Water Quality sampling will be performed as shown on page 2-3 of this section, or as shown on the Water Quality Monitoring Report (WQMR) by Department of Health, Southwest Division of Drinking Water Division that will be provided after well becomes active.

Bacteriological:

Tested 1/21/05. Coliform monitoring plan attached.

Nitrate:

Tested 7/22/04

IOC:

Tested 7/22/04

VOC:

Tested 8/2/04

SOC:

A susceptibility survey has been prepared to determine waiver availability.

Radionuclides:

Sampling as required by DOH in the Water Quality Monitoring Report (WQMR)

Lead and Copper:

Initial lead and copper sampling should be performed beginning 4 months after the building completion. A maximum of 250 people per day is anticipated. Sampling requirements are: 10 samples for each of two consecutive 6 month periods. The samples need to be taken at cold water faucets. If 10 sample locations cannot be found, then sites may be sampled 2 days in a row to make up the required 10 samples.

Asbestos:

The Department of Health will send a request for waiver form.



THURSTON COUNTY
WASHINGTON
SINCE 1852

JOB 104 4402 P.02/03

Cathy Wolfe
District One
Diane Oberquell
District Two
Robert N. Macleod
District Three

PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT

March 28, 2005

Sherri McDonald, RN, MPA,
Director
Diana T. Yu, MD, MSPH
Health Officer

Doug Eklund
J.W. Morrisette & Associates
1700 Cooper Point Road SW
Olympia, WA 98502

Subject: Group A Public Well Site Approval, Tax Parcel 22624440000
Project 2004 105509, Sequence 04 117875 ZM, Lackamas School,
Special Use Permit Application

Dear Mr. Eklund:

This agency has completed the Group A public well site inspection for the above referenced Lackamas School special use permit application. The well site location as shown on the attached site plan meets the requirements of WAC 246-290 and is hereby **approved**, PROVIDED: covenants for the 100 foot sanitary control radius and a scaled site plan is filed with the county auditor. Please note that this well is located 90 feet from the public right of way for Bald Hills Road SE. This well site approval allows for this encroachment based on demonstration of adequate geologic protection in the well log and the hydrogeologic report submitted for the special use permit. All storm water and other drainage from impervious surfaces must be directed away from the well head and outside the 100 foot sanitary control radius for the well and there may be no infiltration allowed within 100 feet of this well. If there are any changes in this proposal that will require a new well site location, a new inspection would need to be conducted and new covenants must be filed.

The next step in the water system approval process is to submit water system plans to the Washington State Department of Health (WSDOH), Office of Drinking Water. Written confirmation of water system plan approval will be required from the WSDOH prior to release of any non-residential building permits. Written confirmation of final water system approval will be required from the WSDOH prior to approval of any permits for building occupancy. Satellite management is required for all new water systems in areas where an approved Satellite Management Agency is available and a water right permit may be required from the Washington State Department of Ecology if the total withdrawal is 5,000 gallons per day or greater.

If you have any questions, please feel free to contact me at (360) 786-5743.

Sincerely,

John Ward, R.S.
Environmental Health Specialist
Thurston County Environmental Health

Attachment: Site plan for well site location

Environmental Health Division: 2000 Lakeridge Drive SW, Olympia, Washington 98502-6045 (360) 786-5490
Fax (360) 754-4462 • TDD (360) 754-2933
www.co.thurston.wa.us/health



Recycled Paper

Form 7 - Emergency Response Plan

1. Emergency Notification to Customer The system notifies all system users via the following manner in case of an emergency (Check all that apply):

☒ Phone calls (phone list location) YCS Office 404 Yelm Ave Yelm, WA 98597
☐ Media release _____ ☐ Door to Door _____
☐ Other _____

2. Emergency Numbers Distribution System users are provided the names and phone numbers of the system personnel to contact in case of emergency via the following manner (Check all that apply):

☐ Billing ☐ Newsletter ☒ Other List in domestic booster station building & YCS office

3. System Emergency Reference List

Emergency contact	Phone number(s)	Emergency contact	Phone number(s)
Fire/Police/Medical	911	Electrician Erling Birkland	360-458-6128
County emergency services	911	DOH regional engineer	360-586-5209
County environmental health contact	360-786-5490	DOH emergency contact After hours #	1-877-481-4901
Department of Ecology Spill Response	800-258-5990	System owner YCS	360-458-6128
Engineering consultant JWMA	360-352-9456	System operator Erling Birkland	360-458-6128
Electric utility PSE	888-225-5773	System engineer JWMA	360-352-9456
Pump service Erling Birkland	360-458-6128	Media contact	-----
Pipe service Erling Birkland	360-458-6128	Call Before You Dig #	800-424-5555
Other		Other	

4. Describe what you will do if the following emergencies happen to your system and attach at end of this section:

- a) Power Outage Monitor operation of emergency generator
- b) Well Pump Failure Call pump service company
- c) A break in the distribution lines or transmission mains Pipe Service Company
- d) Electrical problem Pump Service Company
- e) Coliform MCL Violations _____

Trace problem, correct problem, repeat test, if still in violation, call JWMA

Element 9 - Operation and Maintenance Program

Purpose

To identify maintenance duties to operate and maintain the system in compliance with drinking water regulations.

Background

WAC 246-290-105 requires water systems to develop an operation and maintenance program. Having a preventive maintenance schedule will help system personnel regularly perform inspections, repairs, cleanings and other maintenance duties. It will also document what work personnel have already completed in case the system needs additional repairs or replacements in the future. The schedule will also help any new employees responsible for maintenance duties.

Instructions For Completing Form 9 (form is below)

- Step 1. Fill in the information about the system personnel (name, title/operator certification level, , phone number)
- Step 2. Have the person responsible for doing the maintenance on the system write down the current maintenance functions (e.g., check well and reservoir seals & screens, calibration of chemical injection systems, etc.) and how frequently (weekly, monthly, quarterly etc.) they perform the functions.
- Step 3. Indicate normal settings, positions and/or readings for pump controls, electrical switches, valves, gauges, etc.
- Step 4. Develop a list of supplies that you will need to periodically order and include the name and phone number of the person to contact for the supplies.
- Step 5. You may want to have a technical assistance provider check this list for completeness. Parties conducting sanitary surveys will also review the system's maintenance schedule.

Note: If this information already exists in another form/document (e.g., operations plan), reference and attach that form/document rather than fill in this element.

Form 9 - Operation and Maintenance Program

System Personnel Information

Name	Title/Certification Level	Phone number(Day/Night)
Erling Birkland	Director of Facilities	(360) 458-6128
	WDM 1	

Form 9 - Operation and Maintenance Program (continued)

Maintenance Schedule (Routine and Preventative)

Function	Frequency
Schedule items to check and adjust (for example adjusting flow control valves, reading flow meters, checking water levels in storage tank and reservoirs, reading pressure gauges and checking volumes of chemicals used)	List the frequency that you complete the functions (day, week, month, semi-annual, annual, etc.)
BACTERIOLOGICAL TEST	MONTHLY
CHECK PRESSURE CONTROL SETTING	MONTHLY
CHECK WELL SEAL AND SANITARY CONTROL AREA	MONTHLY
CHECK VISUALLY FOR LEAKS (LINES AND VALVES)	MONTHLY
CHECK STORAGE TANKS MINIMUM LEVELS/ALARM	MONTHLY
REVIEW AND UPDATE SWSMP (JWMA)	YEARLY OR AS REVISED

Indicate normal settings, positions and/or readings for pump controls, electrical switches, valves, gauges, etc.

Type of switch/valve/control	Normal settings
WELL PUMP CONTROL PANEL	AUTO
BOOSTER PUMP B&C CONTROL PANEL	B-AUTO; C-AUTO
BOOSTER PUMP A CONTROL PANEL	CONSTANT PRESSURE; 70 PSI
INLET	LAG 1 AUTO; LAG 2 AUTO
TANKS/OUTLET VALVES	ALL OPEN
BOOSTER PUMPS SUCTION/DISCHARGE VALVES	OPEN
PRESSURE TANK SERVICE VALVE	OPEN

Develop a list of supplies you periodically order and include the name and phone number of the person to contact for the work or supplies.

Type of supplies	Name/List of contractors/suppliers	(#)
NA		()
		()
		()

Form 14 - Water Conservation Program

Confirm that you have included, or have committed to develop, the following required components by checking the boxes or filling in the requested information:

Completed Completion Date

☒ 4/8/05 To adopt a conservation goal to promote wise and efficient use of water (in system rules, bylaws, etc.)

If you have adopted any other conservation goals (e.g., reduce unaccounted for water, peak instantaneous reduction, peak seasonal demand) Please list these additional goals.

☒ 4/8/05 To undertake the following conservation education measures:
(Check one or more)

☒ Distribute DOH conservation brochures
(available free from DOH-call (800) 521-0323)
☐ Distribute conservation oriented news articles
☐ Insert conservation information in customer bills
☐ Other _____

☒ 4/8/05 To start or continue to record monthly source meter data (Form 12) in order to evaluate water system usage and effectiveness of the conservation program.

WHEN THE SCHOOL IS OPEN THE WATER CONSERVATION PROGRAM WILL BE
IMPLEMENTED AND MONTHLY WATER USAGE WILL BE RECORDED AS
DESCRIBED IN ELEMENT 12

Element 15 - Component Inventory and Assessment

Purpose

To assess approval status of system facilities and to determine the timing for future improvements.

Background

WAC 246-290-110 and 120 require approval for project reports and construction documents prior to installation or construction of any system facility. WAC 246-290-105 requires water systems to conduct a component inventory and assessment. This assessment should include 1) verification that all system facilities have either an approved project report or construct document and 2) an assessment of each of the system facilities to determine if any parts require replacement in the next six years. DOH recommends that you contact a professional engineer if you have determined that you need to make an improvement. The engineer will guide you through the improvement process.

Instructions For Completing Form 15 (form is on next page)

- Step 1- Column 2- System Component Capacity and Cost- Take an inventory of the system components, indicating the physical capacity and write down the replacement cost for each system component in the space provided.
- Step 2- Column 3- System Component Approval Date- Write down the approval date for all system components and attach approval letters at end of section (These letters are in your records or in DOH files).
- Step 3- Column 5- System Component Age- Write down the age of each system component (from your records or DOH files).
- Step 4- Column 6- Life Expectancy- Compare each component's age (Column 5) to the life expectancy provided in the chart (Column 4). Determine if any system component will have to be replaced in the next 6 years. Circle (YES) or (NO) for each system component evaluated. If you circled YES, write down the year you think you will make the improvement in the space provided.

Note: Just because some components are approaching or may even be older than the life expectancy listed, it does not necessarily mean you will have to replace them in the near future. On the other hand, a relatively new component might be causing trouble and you may need to replace it even if it is not near its life expectancy.

The cost figures on the next page are only meant to give you a general idea of the cost of those components. This is especially important for the components that will have to be replaced in the next six years. DOH must stress that the figures provided are for *planning purposes only*. The actual cost of the work may vary greatly from the costs listed.

Additional resources: If you do not know the specifics of your system (e.g., size/capacity of storage tank), contact your DOH regional office to arrange a time to review the system files.

Form 15 - Component Inventory and Assessment

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Component	Size or Capacity and Estimated Cost	Approval Date (attach letters)	Expectancy	Age	Replace in Next 6 Years?
Well (drilling, casing, sealing, screen, etc.)	6" diameter = \$30/ft 8" = \$40/ft 10" = \$50/ft 12" = \$60/ft Other /ft Well Size(\$) <u>30</u> X <u>254</u> Well Depth = Total \$ <u>7620</u>	3/28/05	30 Years	6.5 YEARS	Yes <input checked="" type="checkbox"/> No Year
Well Pump (hp=horse power)	1 hp = \$1000 3 hp = \$1500 5 hp = \$2000 7 hp = \$2500 10 hp = \$4000 20 hp = \$7000 Other <u>3/4HP</u> = Total \$ <u>750</u>		10 Years	0	Yes <input type="checkbox"/> No Year
Source Meter	1" = \$150 2" = \$400 3" = \$600 4" = \$1000 6" = \$2000 # of meters <u>1</u> X \$s per meter <u>150</u> = Total \$ <u>150</u>		25 Years	0	Yes <input checked="" type="checkbox"/> No Year
Control Components (including elec.service, breaker panels, etc.)	The cost of component controls vary depending on level of sophistication-check your cost of original controls \$2,500 \$5,000 <u>\$10,000</u> \$20,000 Total \$ <u>10,000</u>		7 Years	0	Yes <input checked="" type="checkbox"/> No Year
Disinfection Treatment System (tank and pump-without building)	5 gpd = \$500 10 gpd = \$600 15 gpd = \$700 20 gpd = \$750 40 gpd = \$750 60 gpd = \$800 Other NOTE: gpd = gallons per day Total \$		20 Years	NA	Yes <input type="checkbox"/> No Year
Storage	\$.75/gallon Number of gallons <u>6000</u> X \$.75 = Total \$ <u>4500</u>		50 Years	0	Yes <input checked="" type="checkbox"/> No Year
Altitude and Pressure Reducing Valves	4" = \$1100 6" = \$1700 # of valves <u>X</u> \$s per valve Total \$		20 Years	NA	Yes <input type="checkbox"/> No Year
Pressure Tanks	\$2.00/gallon # of gallons <u>24</u> X \$2.00 = <u>48</u> Total \$ <u>48</u>		10 Years	0	Yes <input checked="" type="checkbox"/> No Year

Form 15 - Component Inventory and Assessment (continued)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Component	Size or Capacity and Estimated Cost	Approval Date (attach letters)	Life Expectancy	Age	Replace in Next 6 Years?
Pressure Tanks	\$2.00/gallon # of gallons _____ X \$2.00 = Total \$		10 Years	NA	Yes _____ No _____ Year _____
Booster Pumps	1 hp = \$300 2 hp = \$400 3 hp = \$600 5 hp = \$800 7.5 hp = \$1000 Other _____ # of pumps 3 _____ X \$'s per pump 600 = Total \$ 1800		10 Years	0	Yes _____ X No _____ Year _____
Distribution Pipe Repair (including asphalt repair but no fire hydrants)	PVC 4" = \$20/ft 6" = \$23/ft 8" = \$28/ft 10" = \$33/ft 12" = \$38/ft Ductile 4" = \$23/ft 6" = \$25/ft 8" = \$30/ft 10" = \$35/ft 12" = \$40/ft NOTE: All costs include \$5/ft for asphalt repair. # of ft 420 _____ X \$'s per ft 23 = Total \$ 9660		20 Years	0	Yes _____ X No _____ Year _____
Service Meters (New and Reconditioned- Assuming Annual Routine Meter Replacement)	5/8" (rebuild) = \$30 3/4" (rebuild) = \$45 Other _____ = \$ # of meters (Annually) _____ X \$'s per meter _____ = Total \$		30 Years	NA	Yes _____ No _____
Non-facility Improvements (e.g., computers, equipment)			____ Years	NA	Yes _____ No _____ Year _____

1. The Total System Replacement Cost is the amount needed to replace all of the components of your water system.
Total System Replacement Cost = Add (Column 2) = \$ 34,528 x 1.25 Contingency = \$ 43,160
2. Source: Indian Health Service Construction Bid Records. Costs estimated within a planning level of accuracy (±30% and estimated without detailed data specific to water system's needs, availability of services and materials) and based on 1996 dollars. Costs may be higher in specific cases. You should adjust for future costs.

Element 18 - System Management

Purpose

To document current system management practices including decision-making processes.

Background

WAC 246-290-105 requires water systems to identify their system management practices. This form contains several areas where you are to fill in information to describe your system's management practices. DOH may go over your responses to the questions on this form during future sanitary surveys to learn more about your system's management practices.

Instructions for Completing Form 18 (the form is below)

Step 1. Read each of the items below and fill in the information or check the appropriate boxes

Form 18- System Management

Water system name: LACKAMAS ELEMENTARY SCHOOL Date 4/8/05

1) Type of System Ownership (check all that apply)

☐ Water Association (home owner association)

☐ Single private owner

☐ Local Government (Town, County, PUD, District)

☐ Partnerships

☐ Corporation

☒ Other

2) Name of person/parties/association that own the system

YELM COMMUNITY SCHOOLS

3) Existence of written system rules

☐ Exist

☐ Do not exist (check one- if they exist, attach at end of guide)

4) Who makes the major decisions for your system (when to make an improvement, decide what method to finance improvements, when to allow additional connections, etc.)

☒ Single party ERLING BIRKLAND

☐ Group of system users

☐ Board (# of members _____)

☐ Commissioners (# of members _____)

☐ Other _____

5) How often do those responsible for making decisions meet?

☐ Monthly

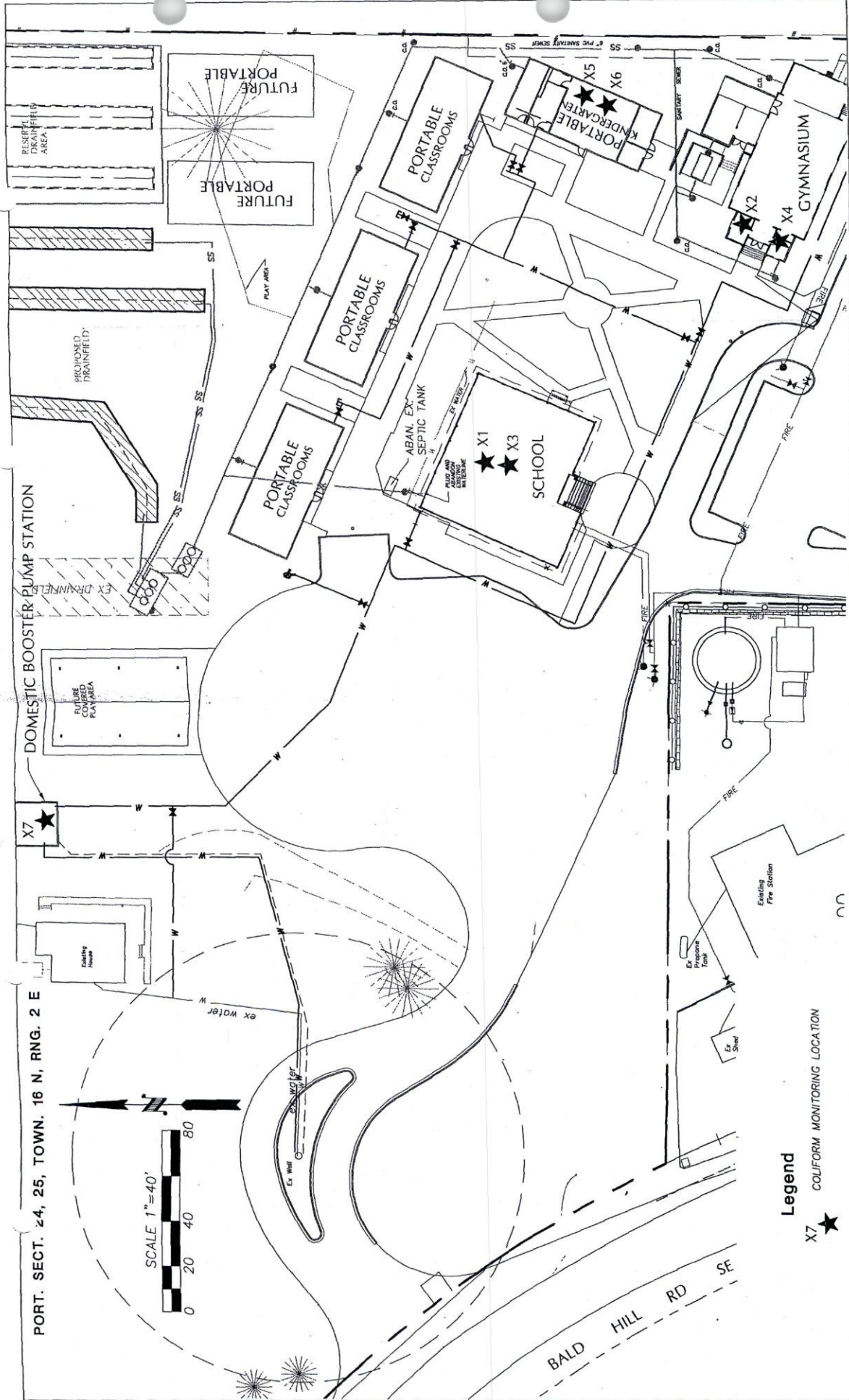
☐ Annually

☒ When necessary

☐ Other _____

Form 18- System Management (continued)

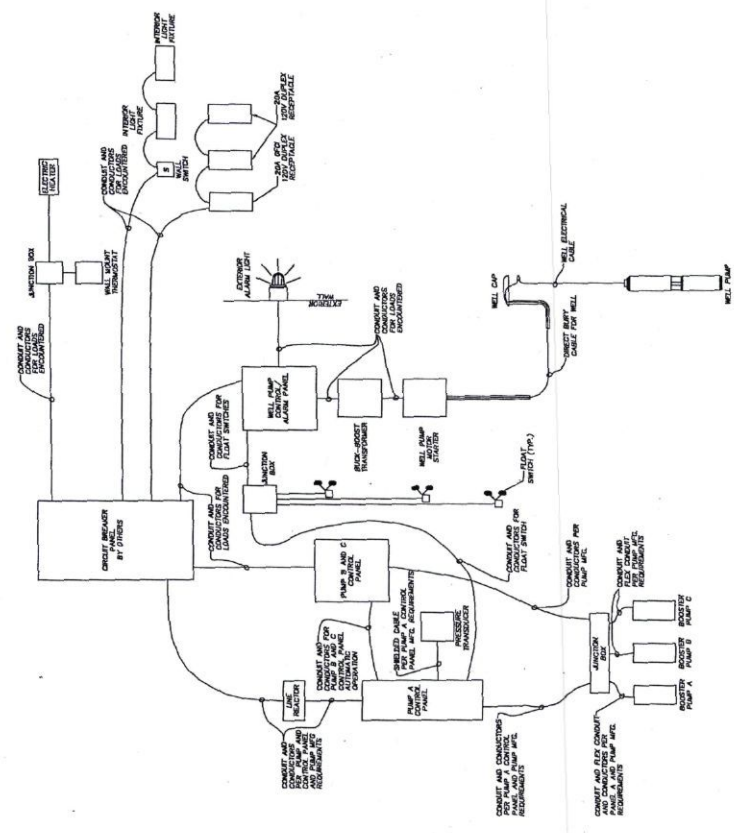
- 6) Are all system users notified about these meetings? ☒ Yes ☐ No. If so, how are they notified BY MAIL ON IMPORTANT ISSUES
- 7) Do you mail water bills? ☐ Yes ☒ No. If so, how often do you mail out the bills?
☐ Monthly ☐ Every two months ☐ Other _____
- 8) How do you plan on financing future system improvements? (you can check more than one)
☐ Reserve account (cash on hand) ☐ Money borrowed as needed
☐ System user surcharges/one time fees ☐ Don't know
☒ Other SCHOOL BUDGET
- 9) Does the system have any paid employees? ☐ Yes ☒ No. If so, do you have policies regarding personnel management (salary, benefits, hiring/firing, supervision)?
☐ Yes ☐ No. If so please attach at end of guide
- 10) Do you have a system operator? ☐ Yes ☒ No. If so, if you lose your operator, do you have a plan on how to get another one?
☐ Yes ☐ No. If so, explain your process and attach at end of guide
(note: if you are required to have a certified operator and your operator leaves your system's employment, you must get another certified operator to provide service immediately)
- 11) Do you have a process to record and respond to customer complaints?
☐ Yes ☒ No. If so, explain your process and attach at end of document
- 12) Do you have any insurance policies? Do you have any safety policies?
☒ Yes ☐ No. If so, attach at end of document (or reference where they can be found)
YELM COMMUNITY SCHOOLS
- 13) Identify the party/person responsible for conducting financial transactions (maintaining records, receiving payments, paying bills, etc.) YELM COMMUNITY SCHOOLS
- 14) Do you keep copies of correspondence to and from DOH and others (labs, Ecology, etc.)?
☒ Yes ☐ No. If so, describe how and where the correspondence is kept and attach at end of document. Are these documents/records available to the system users? ☒ Yes ☐ No
- 15) Do you know and are you in contact with other public water systems that are near your system?
☒ Yes ☐ No
- 16) Have any of the preceding 15 questions caused you to think that you may want to change your current practices? If so, list the issue on the To Do form on page 6



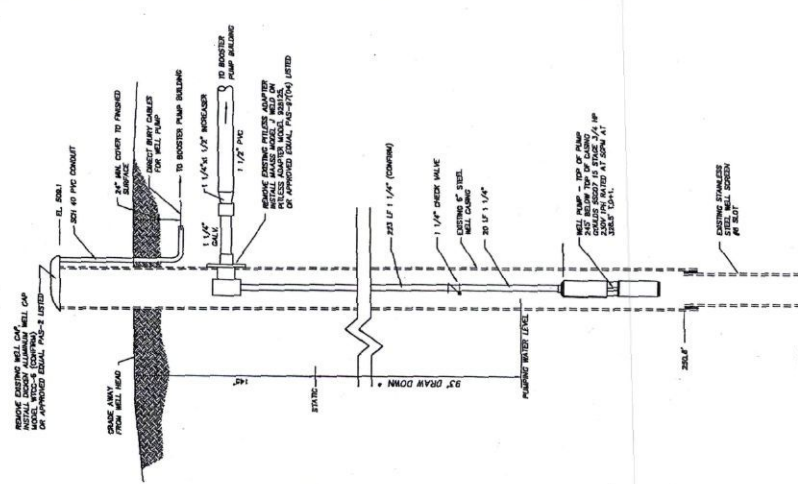
Legend
 ★ COLIFORM MONITORING LOCATION

NO. DATE BY APPR.		JWM&A Civil • Municipal • Geotechnical Engineering and Planning Jerome W. Morrisette & Associates Inc., P.S. 1700 Cooper Pt. Road S.W. #B-2, Olympia, Wa. 98502-1110 Ph. 360.352.9456 Fx. 360.352.9990		YELM COMMUNITY SCHOOLS COLIFORM MONITORING PLAN LACKAMAS SCHOOL WATER SYSTEM		SHEET 1 OF 1 03/58-PLAN
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WELLHEAD DETAILS AND WATER SYSTEM ELECTRICAL

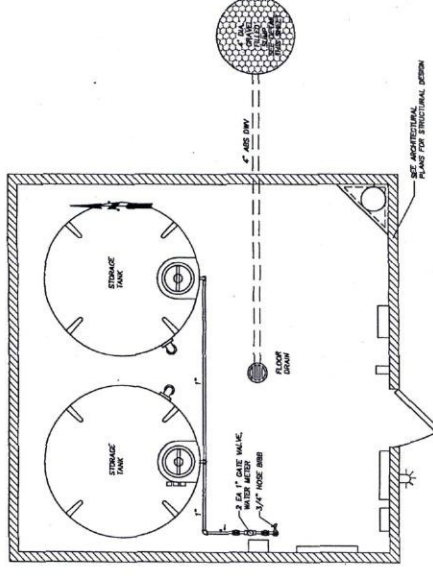


WATER SYSTEM ELECTRICAL
 N.E.C.

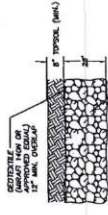


WELLHEAD DETAIL
 N.E.C.
 * PER PUMP TEST 7-27-04

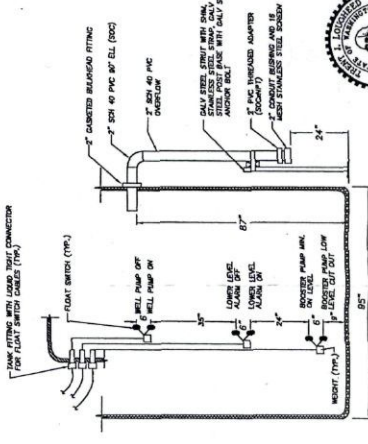




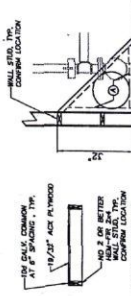
**TANK INLET PIPING
DOMESTIC BOOSTER PUMP
BUILDING PLAN**



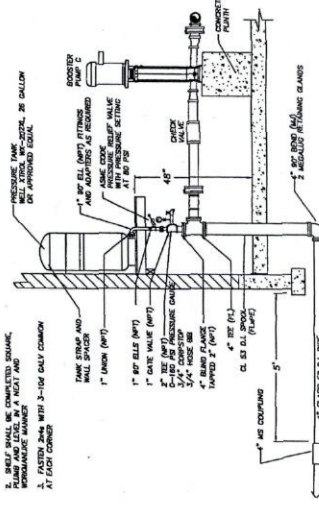
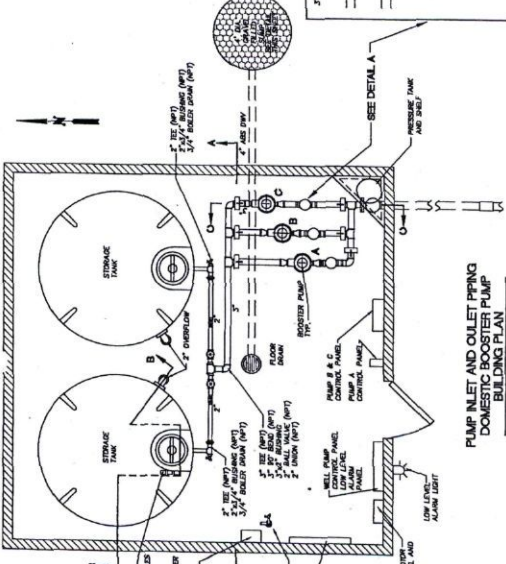
**4' DIA. GRAVEL
FILLED SUMP**



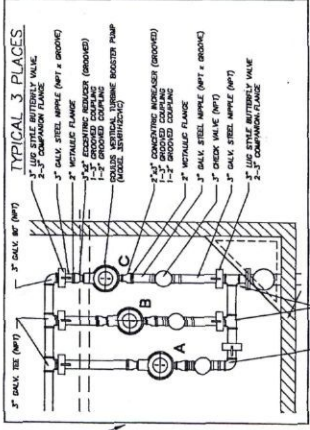
TANK FLOAT SWITCH AND
OVERFLOW DETAIL
SECTION B-B



TYPICAL SECTION

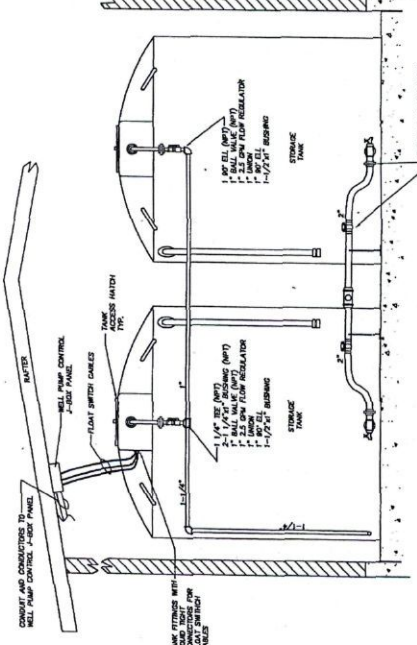
DOMESTIC BOOSTER PUMP
SECTION C-C

**PUMP INLET AND OULET PIPING
DOMESTIC BOOSTER PUMP
BUILDING PLAN**



TYPICAL 3 PLACES

BUILDING PLAN DETAIL A



**DOMESTIC BOOSTER PUMP
BUILDING INTERIOR ELEVATION
LOOKING NORTH (SECTION A-A)**